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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1			CERTIFICA	IE OF DE	АІП	Reg. Diat. No.	•
1. PLACE OF DEATH County ALIE	GANY			(For newborn	DENCE (HOME) OF n infants give residence of m	nother)	
TAN TOTAL TO				State	Count CUMBER Cunside city or town limits,	LAND write RURAL and give nearest	town)
Mosnital institution, or stree	AL HOSE	PITAL	:			W ST	
How long in hospital or insti	tution?	DAYS	***************************************	. 2.(a) It veteran, nan	ne war		
3. (a) FULL NAME	K ALLEI	4				3. (b) Social Security Num 3/4-05-757	ber 4A
CLENTIANON	Color or race		e, married, widowed, or divorced	H	MEDICAL CE		/
MALE	COLORE	WI	DOWED	20, DATE OF DEATH		19 48 ,at	8:301
6.(b) Name of husband or wi			c) It alive, give ageyear	21. I CERTIFY that d	death occurred on the date above 9 19.4 h.l.M. alive on M a	e stated; that I attended deceased to Monday I. F.	19 4 K
8. AGE: Years	Months	Days	If less than one day	Immediate cause of	death	1	OURATION
72	9	2	hrsmin	1.	no po		
9. Birthplace Faber 10. Usual occupation	WPA	county, and		Due to. Tub	out per	ouli	
12. Name	ALLEN W Faber		ĪvĪ				
8	MOORE A	NNIE			nclude pregnancy within 3 m	onths of death)	
H 14. Maiden name	Faber	r Va				Date of op	
16. Informant Journal Address 512 Hill	hn Aller		and, Md.	PHYSICIAN: Pleas	se underline the cause to whi	ich death should he charged statis	tically.
Burial (Burial, cremation, or removal, Which?) Date thereof. 3/21/48 (month) (day) (year)				death was due to external caus	ses, flil in the tollowing;		
Cemetery or crematory. Summer Cemetery			Where did injury oc	ccur?(City or town)	(County) (St	ate)	
Location Cumberland, Md.					ere?)	*******************	
			ight	Maens of Injury		Injured at work?	
	Cumberla			23. SIGNATURE	Deorge W	1 linos	
19. March 20,19 48 W. Frants, M. D. (Date rec'd by registrar)			Address Ma	novil Hoza	M. D. or ot Date signed 3/		

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and PLEASE WRITE

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MAR 23 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02301

ERTIFI	CATE	OF	DEA	TH

Reg. Dist. No.

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town 109 Arch St. Cumberland Md. (If outside city or town limits, write RURAL and give nearest tow how long in above place of death?	State			
headings, suggestions of affect mentos where every	Street No. 789 Fayette St.			
109 Arch St.	(If rural, give LOCATION)			
How long In hospital or Institution?				
3. (a) FULL NAME	3. (b) Social Security Number None			
Mrs. Mary Louise Andrews 4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female white married	20. DATE DF DEATH. March 18 19.48 219.50P. M			
5.(b) Name of husband or wife James E. Andrews	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of deceased (mo., day, yr.) Feb. 10-1902	and that I last saw h.e.r.aDead March 18			
8. AGE: Years Months Days If less than one day	Cardio-pulmonary hemorrhage at once			
9. Birthplace Washington, D. C. (Town, county, and atate) 1D. Usual occupation housewife				
11. tndustry or business 12. Name William M. Birchard 13. Birthplace Warren Ohio	Other conditions			
14. Maiden name Carrie A.Birchard 15. Birthplace Cumberland Md. James E. Andrews	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.			
James E. Andrews Address 789 Fayette St, Cumberland, Md.	Autopsy results			
Burial Date thereof 3/21/48 (Burial, cremation, or removal, Which?) Cemetery or crematory. Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
William H. Kight 18. Funeral director. Cumberland, Md.	Maens of Injury as above Injur			
19 Much 20, 18 4 8 W.A. Trautz	Address Cumberland Md. Date signed 3-19-48			

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH	Dr	J	N	Reeves
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH TIEgany County Barton City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 43 years Hospital, institution, or street address where death occurred: Eutaw How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Latrobe St (If rural, give LOCATION) 2.(a) If reteran, name war.
3. (a) FULL NAME WILLIAM COURTNEY ANDREWS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH arch 11 19 48 310:15a1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.40 to Musch !! 19.40 and that I last saw h Linearly on Missich !! 18.40
deceased (mo., day, yr.) OC CODET 27 9 1001	
8. AGE: Years Months Days If less than one day 43 24 14	Immediate cause of death Occlusion OURATION 1 day
s. Birthplace Parton, Allegany, Mary Land (Town, county, and atate) Merchant 10. Usual occupation Merchant 11. Industry or business Grocery and Meat Business 12. Name William H. Andrews 13. Birthplace Barton, Maryland	Oue to
Carrie Michaels Firm Rock, Maryland	(Include pregnancy within 3 months of death) Major fiedings of operations
Graydon C. Andrews arton, Maryland	Autopsy results
Address 17 Burial 18 Gurial, cremation, or removal Which? Cemetery or crematory Moscow, Maryland	Where did Injury occur?
Ellsworth S. Boal	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Westernport, Waryland	Horman Keener he
19 Mars 5 19 48 Al Bayenbaker Mil	23. SGNATURE M. D. or other M. D. or other Address Conference of the signed 3-13.48

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MAR 18 1948.

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The creek age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02303

CERTIFICATE OF DEATH

4

/				Reg. Diat. No.		
1. PLACE OF DE	ATH:	llegenz		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			RAL and give nearest town)	State Maryland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or A]	street address where Legany Host	death occurred:		Street No. 1014 Virginia Ave (Ifrural, give LOCATION)		
How long In hospital or	r Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM		Barrett		3. (b) Social Security Number None		
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White		Married	20. DATE OF DEATH March 2 19.48 at 9-45 As		
& (h) Name of bushand	or wife	ohn H.	Barrett	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
7. Birth date ot deceased (mo., day,		ber 27]	If alive, give age 61 years	February 3 19.78 to Mond 2 19.85 and that I last saw h less alive on Mand 2 19.45 Immediate cause of death DURATION		
8. AGE: Years	4	1	if less than one dayhrsmin.	Crystic Kent folius Yvells		
	Hous	ewife	Co W. Va.	Due to ches and the comment of the charge of		
				Dther conditions.		
12. Name	Martinsb					
出 13. Birtingiace	Lydia Mi	ller		(Include pregnancy within 3 months of death)		
14. Maiden name 15. Birthplace	Martinsb	urg. W.	Va.	Major findings of operations. Date of op.		
16. informantJ	ohn H. Bar	rett		Antopsy results		
Address O14 Virginia Ave. Cumberland, Md. Burial Burial Date thereof 3/5/48 (month) (day) (year)				22. VIOLENCE: It death was due to external causes, till in the tollowing;		
Cemetery or crematory Hill Crest Burial Park			Burial Park	Where did injury occur? (City or town) (County) (State)		
Location	Cu	mberlan	i, lud.	Injured at home, farm, industry, public place (where?)		
			ıt	Mesne of Injury Injured at work?		
	Cumberland			23. SIGNATURE. Signature M. D. grother 7-7-8		
19. Masch 5, 19 4 8 W. Frank, M. D. (Date rec'd by registrar) (Date rec'd by registrar)			C. Fautz M. D. Registrar	23. SIGNATURE M. D. arother Address. J. G. Date signed J. 2 - 2 - 8 d		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02304

CERTIFICATE OF DEATH

Die No 8

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	1
3. (a) FULL NAME	3. (b) Social Security Num	han
Isaac Peter Bourn and	J. (v) Docial Security Ham	bei
Male Strike Driderved	MEDICAL CERTIFICATION 20. DATE OF DEATH	40
6.(6) Name of Husband or wife Maleh da Soman & Sown	31. I CERTIFY that death occurred on the date above stated: that I attended deceased f	rom US
7. Birth date of	and that I last saw h. ht. alive on mosch	19.48
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death	DURATION
8. AGE: Years Month's Days If less than one day	Carfie Varenda Kensl	C- /
2. 1.1		m
(Town, county, and state)	Due to arterescersio /	0 200
1D. Usual occupation	Due to	0
11. Industry or business Gun Jarm		1>0000000000000000000000000000000000000
12. Name Iterry Bown ass	Dther conditions	
E 14. Malden name Unknown:	(Include pregnancy within 3 months of death)	
15. Birthplace Wyknown	Major findings of operations.	
18. Informant Myst Do ah Blannau,	Autopsy results	
Address Mascour Ond	PHYSICIAN: Please underline the cause to which death should be charged statist	lically.
17. Bul al. Date thereof Mal S. 1943 (Burlai, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory Taurel Hell Cernettery	Where did Injury occur?	ite)
Location Musicons 4nd,	Injured at home, farm, industry, public place (where?)	****************
18. Funeral director, M. Bickhoin	Means of Injury Injured at work?	
Address Lanaconing, Wid	23 SIGNATURE JEBury m. D	
19. 3-8 Johnette M Gool (Date rec'd by registrar) Registrar	Address Piedmont W. Va Date signed 3/	7/48

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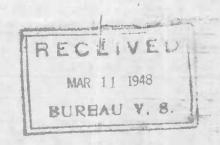
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

		The state of the s
age .	2411 N. Cha	DEPARTMENT OF HEALTH UZ306 TE OF DEATH Reg. Dist. No.
Me	CERTIFICA	Reg. Diat. No.
3	A. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
he	County Allegany	(For newborn Infants give residence of mother) W. Va. Slate
leg. T	City or town (Rural) (If outside city or town limits, write RURAL and give nearest town)	Tont Achhar
ully	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
aref	Hospital, Institution, or street address where death occurred: Tripple Lakes	Sireet No. Main St. ((frural, give LOCATION)
information carefully. The correct of death clearly and legibly.	How long in hospital or instillation?	2.(a) It veteran, name war.
atio	3.(a) FULL NAME	3. (b) Social Security Number
rme	Nannie B. Broom	None
of of o	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
BINDING ery item of ithe causes	Female White Married	20. DATE DF DEATH. Mar. 5, 19 48 at 3:15Pm
(DI)		20. DATE DE DEATH.
BIN y it he	8.(6) Name of husband or wife Lewis J. Broom	21-1-CERUFY that death accurred so the date above stated; that I attended deceased from 45
OR BI	7. Birth date of	and that I last saw h. OTTIVE on March 19.4
FOR ly eve	deceased (mo., day, yr.)	Immediate cause of death DURATION
ED upp	o. Adl.	
MARGIN RESERVED FOR BINDING NFADING INK. Supply every item of tr. Physicians: please write the causes		Class of Acceptange 15 and
ESER INK. uns: pl	9. Birthplace Fort Ashby, W. Va. (Town, county, and state)	Due to
RGIN RESE FADING INK	10. Usual occupation Housewife	Busin
NI N	11, Industry or business	006 10
RG 'AD Ph	James Dowden 13. 8irihplace W. Va.	Diher conditions
UNF ant.	🔀 13. 8lrihplace W. Va.	(Include pregnancy within 3 months of death)
	14. Malden name Nancy Long 15. Sirthplace W. Va.	Major findings of operations.
WITH	15. Birthplace W. Va.	Major nadings of operations. Daie of op.
. >	18. Informant Mr. Lewis J. Broom	Autopsy results.
PLAINLY,	Address Fort Ashby, W. Va.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
AIN	5 : 3	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
PIL IS e	17. Burial Cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
E	Cemetery or crematory Fort Ashby, Cem.	
WRITE	Location Fort Ashby, W. Va.	injured at home, farm, Industry, public place (where?)
and the last	18. Funeral director Charles L. George	Means of Injury Injured at work?
A15	Address Cumberland, Md.	2 John Samuel Mill
VS A15	19. March 9. 19. 48 MM Justill Registrar) Registrar	23. SIGNATURE M. D. or other M. D. o



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MARYLAND STATE DEPARTMENT OF HEALTH

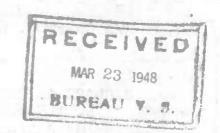
2411 N. Charles St., Baltimore

02307

1 1 4 MAR 29 1948 CERTIFICATE OF DEATH

Reg. Diat. No.

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Inty AllEGANY	State MARYLAND County GARRETT
y or town	
w long in above place of death?	City or town
enital Vinstitution or street address where death occurron:	Street No.
Memorial Marphal	(If rural, give LOCATION)
w long in hospital or institution?30. DAYS	2.(a) If voteran, name war
(a) FULL NAME	3. (b) Social Security Number
BRYANT (None
Sex LINB. Color of face BRYANT (BRYANT	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20. DATE OF DEATH LUCLU 15 1948 21 2 45 P
	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from
(b) Name of husband or wife	Jan 5 1846 10 Web 13 19.48
Birth date of	and that Mast saw here alive on with 14 - 1948
deceased (mo., day, yr.) JULY 14, 134 1944	Immediate cause of Jeath DURATION
AGE: Years Months Days It tess than one day	manufactic cause of season.
3 🔀 🖇 /hrsmtn.	E percular to
Birthplace XWX GRAFTON, W. VA.	men men
Birthpiace (Town, county, and abate)	Oue to
Usual occupation None	De la direct
	Oue to.
industry or business	The Market of the Court of the
12. Namo	Othor conditions
13. Birthplace LITTLE ROCK, ARKANSAS	(Include pregnancy within 3 months of death)
14. Maiden name THELMA JANICE MELTON	Major fiudiugs of operatious
15. Birthplace BENTON, ARKKANSAS	major nadiugs of operations. Date of op.
Informant Memorial Hospital	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addross Cumberland, Md	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thorey MARCA 18, 1948 (month) (day) (fear)	Accident, suicide, ophomicide
Cemetory or removal. FAIRPLAY	Where did injury occur? (City or town) (County) (State)
Location FAIRPLAY, ARKANSAS	Injured at home, farm, industry, public place (where?)
B. FUNERAL HOME	Means of injury injured at work?
Address OAKLAND, MD.	C T O were win
mach 15 10 48 Hente Quanty Mass	23. SIGNATURE M. D. or other - 4
(Date rec'd by registrar)	Address Churchellard at Dato signod 3



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

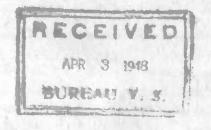
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02308

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eof newborn infants give residence of mother)
County Allegary	State maryland County allegans
(If outside city or town limits, write RURAL and give nearest town)	De 10 10
How long in above place of death?	(If outside city or town limits, write RURAD and give nesrest town)
Hospital institution, or street address where death occurred:	Street No. 877 maryland are
all the second	(If that, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
anne Jane Car	roll lone
4. Set 5. Color or race 6.(a) Tiple, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale Mutes Pridowed	20, DATE OF DEATH Franch 31 19 40 at 81 7.
John IN Annoll	21. I CERTIFY that death occurred on the date above stated; that Jajjended deceased from
6,(b) Name of husband or wife.	March 2 9 13 48 10 March 3/ 19 48
T. Birth date of	and that I last saw h. Asalive on March 30 1875
deceased (mo., day, yr.) 9 A.C.E. Years Months Bals If less than one day	Immediate cause of death
8. Adl.:	intermed allo under 9 days
76 10 12hirsmin.	
9. Birthplace (Town, county, and state)	Due to Carry Many
	Softwal
10. Usual occupation	Que to
11. Industry or business	
12. Name Hang a Halbers 13. Birthplace	Other conditions.
	(Include pregnancy within 8 months of death)
14. Malden name Inlia Fetturman 15. Birthpiace Pa	Major fiedings of operations.
S 15. Birthplace	Bate of opt
16 Informant may becil to other	Autopsy results. Calling fly ropered
Address Cumberland	PHYSICIAN: Please underline the cause to which leath should be charged statistically.
Raine Malo MA	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory St. attribles to time	Where did injury occur?
Localion Camberland	Injured at home, farm, Industry, public place (where?)
Lancia Atenia Oma	Means of Injury Injured at work?
18. Funeral director	1 42 ~ M)
Address complexing	23. SIGNATURE h Pring OH)
soldsel 2 1848 With south M.S.	M. D. or other
(Date rec'd by registrar) Registrar	Address 59 menel. Date signed 4-1 48



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2411 N. Charles St., Baltimore

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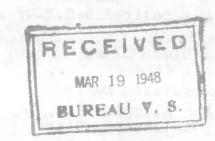
02309

Reg. Diat. No. ..

CERTIFICATE OF DEATH

		02111110111	2 01 22:111	Reg. Dist. No	
I. PLACE OF DEATH: Allegany			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	DF DECEASED:	
Olly or town			State		
dospilal, institution, or street address whe	e meath occurred	l:	Street No5.7Howard	e LOCATION)	
How long in hospital or Institution?	***************************************		2.(a) it veteran, name war	•••••••••••••••••••••••••••••••	
3. (a) FULL NAME				3. (b) Social Security Number	
	6.(a)Singi	Miller Clark e, married, widowed, or divorced ower	MEDICAL C	ERTIFICATION abou	
6.(b) Name of husband or wifeMary	Ellen		21. I CERTIFY that death occurred on the date at	ove stated; that I attended deceased from	
7. Birth date ot deceased (mo., day, yr.) April	20-18	75	and that I last saw h. im aDead	DUR	
8. AGE: Years Months	Days	It less than one dayhrs,min.	Coronary occlusi		
9. Birihplace	B&O.R	Ry carman	Oue to		
12. NameSimonC.la 13. Birthpiace Allegan	rk 7 Co	Md.	Other conditions (Include pregnancy within 3		
14. Maiden name Eliza D 15. Birthplace Allegan 16. intermant Wallace C	y Co.,	Md.	(Include pregnancy within 3		
16. Informant Wallace C Address McCool		<u> </u>	Antopsy results	which death should be charged statistically	
Burial (Burial, cremation, or removal, White Cemetery or crematory Daws.o.		7/18/48 (month) (day) (year)	22. VIOLENCE: It death was due to external can accident, suicide, or homicide	Date of	
Location Dawson M			Injured at home, tarm, Industry, public place (Means of tnjury	where?)	
18. Funeral director	ser, W		Deputy Medical Exa 23. SIGNATURE H. V. Deming	M.D. H.V.	

	2.(a) it veteran, name war. 3. (b) Social Security Number
rk	
	MEDICAL CERTIFICATION about 20. DATE OF DEATH
<u> </u>	20. DATE OF DEATH
years	and that I last saw h im aDead March 15 19 48
min.	Coronary occlusion at once
	Due to
	Oue to
	Other conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations
***********	Antapsy results
	22. VIOLENCE: It death was due to external causes, till in the following;
ear)	Accident, sulcide, or homicide
	Where did injury occur?
	Injured at home, tarm, Industry, public place (where?)
	Means of triury Injured at work?



MARYLAND STATE DEPARTMENT OF HEALTH

St., Baltimore

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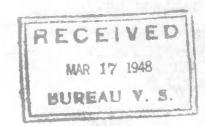
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctise especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE

MARGIN RESERVED FOR BINDING

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	rlea St., Baltimore
CERTIFICA	TE OF DEATH
1. PLACE OF DEATH:	2. USUAL RESIDENCE (
County Allegany	(For newborn infanta g
City or town	State Md.
How long in above place of death? 30 neo	City or townCumbe.
Hospital, Institution, or street address where death occurred:	Street No. 104 N
104 n. Machani St.	
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	
Harry Coles (Cole)	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MI
Male colored single	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurr
6.(c) If allve, give ageyea	
7 Right date of	and that I last saw hima
deceased (mo., day, yr.) Dec. 24-1884 8. AGE: Years Months Days If less than one day	Immediate cause of death
8. AGE:	Coronary o
03	
9. BirihplaceQakland Md. (Town, county, and state)	Due to
1D. Usual occupation. Winter	
11. Industry or business Shaine County Club	Due to
	Other conditions arter
12. Name Richard Gont (Step-Father) 0	Other conditions
E . Mille - Cole	(Include preg
E 14. maiden name	Major findings of operations
₹ 15. Birthplace May land	
16. Informant Diniel Burko	Antopsy results
Address 418 Pine are Cumberland Wit	
Date thereof March 12, 1948	22. VIOLENCE: If death was a Accident, suicide, or homicide.
	Where did injury occur?
Cemetery or crematory.	
Location Cumbelland IN	Injured at home, farm, Industry
18. Funeral director Toring & ani June.	Means of Injury Alec
Address Cumbuland Mynland	
11 in 107 tom s	23. SIGNATURE H.V.D
19. (Date rec'd by registrar) 1948 W.A. Wawky, M.A. Registra	Address Cumberla

2. USUAL RESIDENCE (HOME) (For newborn infanta give residence of	JF DECEASEL mother));	
State Md. Co	nuoty Alle	gany	
City or town. Cumberland (If outside city or town limi	ta, write RURA	L and give near	est town)
Street No. 104 N. Mecha			
2.(a) If veleran, name war			
		cial Security 1	
MEDICAL C	ERT!FIC	-09-17	about
2D. DATE OF DEATH March			
21. I CERTIFY that death occurred on the date at			
19	to		19
and that I last saw him.apond	March	10	194.8
Immediate cause of death			DURATION
Coronary occlusi			
•••••			once
Due to	***************************************		
Due to			***************************************
Other conditions arterioscle	rosis		
(Include pregnancy within 8			
Major findings of operations			
	Da	te of op	
Autopsy results			
PHYSICIAN: Please underline the cause to	which death shou	ild he charged :	itatistically.
22. VIOLENCE: If death was due to external co			
Accident, suicide, or homicide		Date of	
Where did injury occur?(City or town)			(State)
Injured at home, farm, Industry, public place (where?)		
Means of Injury Deputy Medical Es	kaminer	-	
23. SIGNATURE H.V.Deming	M.D.H	M. D. c	ing m. S.
Address Cumberland Md.		Date signed	3-10-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charl	lea St., Baltimore
CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantagive residence of mother) State County City or town (If outside city or town limits, write KURAD and give nearest town Street No. Total (If rurai, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Nathan Coun	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married Midowed, or divorced Whole white when the	MEDICAL CERTIFICATION 20. DATE OF DEATH
6,(b) Name of husband or wife	21. LEENXIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Days If less than one day	and that I last saw h wo alive on the 17 1 Immediate cause of death DUR Clean to proposal all failure 3 2
9. Birthplace	Due to due to Sentity
11. Industry or business 12. Name Unleave	Other conditions
14. Malden name	(Include pregnancy within 3 months of death) Major findings of aperations
16. Informant George Kline Address 465 Virginia We. Cumberlan	Autopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Curbelland And	Injured at home, farm, Industry, public place (where?) Means of Injury A tnjured at work?
Address Curberland had	23. SIGNATURE M.D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address 1100, Cectse St. Date signed 3-24

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MAR 30 1948

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MAR 17 1948
BUREAU V. S.

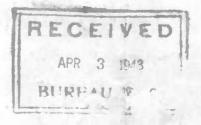
Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02313

CERTIFICAL	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Allegany City Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or streel address where death occurred: Valley Road, Bowmans Addition,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For payborn infants give residence of mother) Maryland State County Of outside vit of the principle of RURAL and give nearest town) Street No. Valley Road, Bowmans Addition (If rural, give LOCATION) 2.(a) It veleran, name war.
Jesse Reed Dicken	3. (b) Social Security Number 220-Io-2468
Male White Married 6.(a) Single, married, widowed, or divorced Male White Married 6.(b) Name of husband or wife Mrs Edith (Winters Dicken 6.(c) it alive, give age 58 years	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months I 1888 It less than one day I 2-2	and that t last saw hamilive on 3/30/48 19. Immediate cause of jeath DURATIO Exclusive All Throughout 24 h
9. Birthplace	Due to
Meri Dicken 12. Name Meri Dicken Cumberland, Md.	Diher conditions
14. Maiden name Alice Brent 15. Birthplace 16. Informant Massy & Dieken	Major findings of operations
Address Address April I 48 (Burial, cremation, or regular, Whiteh Memorial Park Cemetery or crematory	22. VtOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Bedford Road Cumber Land, Md 18. Funeral director Advances Address Address Address Address Address Registrar Registrar Registrar	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other



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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legib

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICA	IE OF DEA	.In	Reg. D	ist. No	7
	,		ENCE (HOME) nfants give residence			
How long in above place of death?	wn limits, write RURAL and give nearest town)	City or town	mberland			
Hospital, Institution, or street address w	where death occurred:	Street No470.	Goethee (If rural, gr	rive LOCATION)		
3. (a) FULL NAME	Semilda Durst			3. (b) Soci	al Security I	Number
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced		MEDICAL	CERT!FICA	TION	
female whit	ce single	20. DATE OF DEATH		13		
Se are an		**	ath occurred on the date			
7 Rirth date of		and that I last saw h	er ally Dead	March	13	1548
deceased (mo., day, yr.) Marcl	h 15-1873	Immediate cause of d	leath		i	OURATION
8. AGE: Years Months	Days If less than one day		3rd.degi			about 4
Barton 1	1300 10 1-	Due to				
10. Usual occupation	-1 1/ /: /	Due to	••••••			
11. Industry or business 至 12. Name Alphus He	enry Durst	Other conditions				
13. Birthplace Grantsv	ille Md.	(Incl	lude pregnancy within	3 months of death)	
14. Maiden namePhilace Barton	delphia		erations		*********************	
15. 8 irthplace Barton	Md.				e of op	
16. Informant miss 6	Sua M prirst	Autopsy results	underline the cause to	which death should	d he charged	statistically.
Address 470 Fo	ethe St.	22. VIOLENCE: If de	eath was due to external	causes, fill in the fo	ollowing;	
17. Such a (Burial, cremation, or removal W	hich?) Date thereof AC (month) (day) (rear)	Accident, sulcide, or h	homicide accid	lent	Date of3.	-13148
Cemetery or crematory	V 71. V V / 2	Where did Injury occu	Cumberla (City or town	n) ALI	egany.	(State)
Location	scow and	injured at home, farm,	, Industry, public place	(where?) home		
18. Funeral director	S. Bral		ths caugh			STOVE.
Address Wes	temport Md.		edical Exe V.Deming		Alleg	
19. March 14 19 7	48 luf Fauts M. A	1)	rland Md.		M. D. o	or the
(Date rec'd by registrar)	Registr	Address	T TOTIC MAG		Date signed	······



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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02315

ERT	TILO	A PETER	OF	DIT	A CHIT I
HKI		AIH	1111		Δ I H

Reg. Dist. No.

1. PLACE OF DEATH: County ALLEGANY MARKEDIAND	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County GARRETT
City or town. CUMBERLAND, MARYLAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 13 DAYS	City or town. ACCIDENT (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL	Street No
How long in hospital or institution? 13 DAYS	2.(a) It veteran, name war
3. (a) FULL NAME FIKE, LAVONNE	3. (b) Social Security Number
FEMALE WHITE SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATHMARCH8
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 45
deceased (mo., day, yr.) JAN 16 / 9 4 b	and that I last saw h
1 22	rifer & lower lobes. 18 alley
9. Birthplace MARYLAND Clown county, and state)	Due to.
1D. Usual occupation	Due to
12. Name FIKE, DARUIS 13. Birthplace MARYLAND	Dther conditions
14. Maiden name. DEAL, RUTH MARYLAND 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Memorial Norpital	Antopsy results
Address Cumberland, Mac. 17. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. A. C.	Whers did injury occur? (City or town) (County) (State)
18. Funeral director, Pulm allin allin fig.	Injured at home, farm, Industry public place (where?) Means of Injury Injured at work?
Address Grantsulle	23. SIGNATURE THE OCCION (ASC)
19. March 10 19 48 Marte R. Jonet M. D. Glegistrar	Address Turn & Creberleen M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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LEK.		LA	I L	UF	DEA	T

Reg. Dist. No.

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Vosin)	State Md County Allegany			
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	City or town.Rawlings. (If outside city or town limits, write RURAL and give nes	rest town)		
Hospital, institution, or street address where death occurred:				
Allegany Hospital	Street No. (If rural, give LOCATION)	***************************************		
How long in hospital or institution?about 2 minutes	2.(a) It veleran, name war			
3. (a) FULL NAME	3. (b) Social Security	Number		
Harry Lee Flanagan	220-10-2473			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male white married	20. DATE OF DEATH March 13 19 48	, at 7 . 12A		
6.(b) Name of husband or wife Evelyn Grogg Flanagan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of	and that I last saw h. im all Dead March 13	19.48		
deceased (mo., day, yr.) Aug. 12-1913	Immediate cause of death	DURATION		
8. AGE: Years Months Days It less than one day	Cerebral nemorrhage			
34 7 / Ihrsmin.		hour		
8. Birthplace Red Basels A Va (Town, county, and state)	Bue to Rupture of a congenital aneurysm of the brain.	***************************************		
10. Usual occupationTrackworkerIorB&OR.Ry 11. industry or business	光光形 (Circle of Willis)			
12. Name William Hess Flanagan W.Va.	Dther conditions	***************************************		
13. Birthpiace W.Va.	(Include pregnancy within 3 months of death)			
14. Maiden name Rebecca. Simons				
	Major findings of operations			
0 11 11 11	Date of op.			
16. Informant Mrs I Hurry L + Lanagan	Autopsy results			
Address Ranlings	PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
2 : 1 // // 16	22. VIOLENCE: It death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide			
Cemetery or crematory Button Cen	Where did injury occur?	(State)		
leveline Biertown and.	Injured at home, tarm, industry, public place (where?)	*****		
18. Funeral director April Stein One	Means of Injury Injured at work?			
1 1 1	Deputy Medical Examiner - Alleg			
Address Camberland + 2	23. SIGNATURE H. V. Deming M.D. H. V.D.	my Min		
19 MMch /5, 1948 W.R. orauly, M.A. (Date rec'd by registrar) Registrar	Combon Land 313			

VS A15



Within corporate limits Bring MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Olles carefully. How long in above place of death? 6 man 143 y or town limits, write RURAL and give nearest town Hospital, Institution, or street address where death occurred: Allegany Hospita (If rural, give LOCATION) information of death clea How long In hospital or Institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 8 10:50P. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife6.(c) If alive, give ageyears FOR 7. Birth date of deceased (mo., day, yr.) Supply ease wri DURATION Month Davs 8. AGE: RESERVEDhrs. ARGIN 11. Industry or business 13. Birtholace (Include pregnancy within 3 months of death) Major findings of operations PHYSICIAN: Please ooderline the caose to which death should be charged statistically. PLAINL 22. VIOLENCE: If death was due to external causes, till in the following Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury PLEASE M. D. or other (Date rec'd by registrar)

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MAR 30 1948

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Supply every item of information carefully ease write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County ALLEGANY City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) Street No. 475 Willowbrook Road (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Number
ARDEN FRANKLIN GILLASPIE	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MALE WHITE SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH. MARCH 21 19 48 21 5:25 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. to 21. Neces
7. Birth date of deceased (mo., day, yr.) Jan. 20, 1948	and that I last eaw h. Emalive on 21 Thoras 19 46
8. AGE: Years Months Days It less than one day 2 1 hrs min. 9. 8irthplace Maryland Cumberland Colleg Co- (Town/county, and state) 10. Usual occupation Infant 11. Industry or business	Due to
FRANK A. GILLASPIE 12. Name FRANK A. GILLASPIE 14. Maßen name BESSIE DAVIS	Diher conditions
14. Magden name. BESSIE DAVIS 15. Withhiplace WEST VIRGINIA 15. Informati Frank A. Gillaspie	Major findings of operations. Date of op.,
Address 474 Willowbrook Rd. Cumberland, M 17 Burial (Burial, cremation, or removal, Which?) Burial, cremation, or removal, Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory Cagusta Cem.	Where did injury occur?
Location Ungusta, W. Va. 18. Funeral director Charles L. George	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work?
Address Cumberland, Md., 19 March 77, 1948 W.R. Frank, M.D. (Date ree'd by registrar) Registrar	23. SIGNATURE . J. Cooper M. D. or other Address O S. Bantu St. Date signal hear + &

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MAR 30 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02319

nct age	Dr.	W.	F.	Williams
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CERTIFICATE OF DEATH

Reg. Diat. No....

.....Date signed 3/2//48...

	· · · · · · · · · · · · · · · · · · ·
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegany	(For newborn infants give residence of mother) State Maryland County GArrett
City or town	
How long in above place of death?	City or town Accident (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Memorial Hospital	(Ifrural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME A	3. (b) Social Security Number
Mr. Judson Glotfelty	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. March 21 19 48 at 7:50 P.
6.(b) Name of husband or wife Cora Morris	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
years	3/15- 19 48 10 March 21 19 48
7. Birth date of	and that last saw h im alive on 3/2//48 19.148
deceased (mo., day, yr.) NOV. 23, 11 less than one day	Immediate cause of death
o. Ads.	Carrier failure
69 69 # 3 23hrsmln.	
9. BirthplaceAccidentMd	Due to Chone my ready
(Town, county, and state) Unemployed	deservation/ -
10. Usual occupation	Bue 10
11. Industry or business	
Hahlon Glotfelty	Other conditions
13. Birthplace Maryland, Mc Neure	
# 14. Malden name Jane Boyer	(Include pregnancy within 3 months of death)
	Major findings of operations
	Date of op.
16. Intermant Memorial H spital	Autopsy results
Address Cumberland, Maryland	
17 Burial Bate thereof Mar 24, 1948	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) [month) (day)/(Mear)	Accident, suicide, or homicide
Cemetery or crematory live Glotfette Jamily Cem	Where did Injury occur?
leastles accident Ind.	Injured at home, farm, industry, public place (where?)
Empusi Balding	Maans of Injury Injured at work?
18. Funeral director WWW 191	9 - /
Address Jakland Md	or CIONATURE /d C NO M / MONO
march 24 115 link trantom A	23. SIGNATURE
(Date rec'd by registrar)	Address Demond Hory Date signed 3/2//48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02320

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF BEATH: County (If outside city or town limbs, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occupred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Baby Boy Glover	3. (b) Social Security Number
4. Sex Male 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Single 6.(b) Name of husband or wife 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, y.) March 4 19 48 8. AGE: Years Months Days It less than one day 1.8 hrs. 43 min. 9. Birthplace Tostourg Allex any Male 10 Male 10 Male 10 Male 10 10. Usual occupation 11. Industry or business	MEDICAL CERTIFICATION 20. DATE OF DEATH. A Queue 5 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 19. The March 19. Immediate cause of death 19. Immediate cause caus
12. Name	Dither conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 1. Injured at work? 23. SIGNATURE
19.3-5- (Date rec'd by registrar) 19. Co. Mes Laury N. R. Bistar	Address 1- 105 Herry mo Date signed 3/5

1411

MAR 9 1948

BUREAU V. S.

information carefully. The color death clearly and legibly.

WITH UNFADING INK. Supply every item of i important. Physicians: please write the causes

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PLEASE WRITE

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02321

CERTIFICA	ATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city of town limit, write RURAL and give nearest town) Street No. Aft rural, five LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME 4. Sex 5. Color or race Florable Minte Massied	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 3. (b) Social Security Number 13. (c) Social Security Number 14. 45. A
6.(b) Name of husband or wife	and that I last saw h. U.Aalive on
8. Birthplace	Due to
14. Maiden name. Sylvia 975. 15. Birthplace 16. Informant. Pagnand Gray 17. Va.	Major findings of operation. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Location. Address Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fili in the following: Accident, suicide, or homicide
18. Funeral director. Linis Stein Inc. Address Inntulina. 19. March 13, 19 48 W. C. Frantz. M. (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE M. D. 9 otyer Address. M. D. 9 otyer 2.

MAR 17 1948

BUREAU Y. S.

2411 N. Charles St., Baltimore

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_L	KII	CA		OF	DEA	

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city of town limits, while RIRAL and give nearest town) How long in above place of dealh? Nospilal, Institution, or street address where dealh occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give revidence of mother) State County County County (If cutside city or town limits, write RURAL antigive neares town) Street No. (If rural, give LOCATION) 2.(a) it veteran, name war.
3. (a) FULL NAME Wm. Franklin Fre 4. Sex 5. Color or race, 6.(a)Single, married, widowed, or divorced	ffith 3.(b) Social Security Number 2/4-07-10/7 MEDICAL CERTIFICATION
m w married	2D. DATE DE DEATH. March 16th 19 48 2:00 A.
6,(b) Name of husband or wife	21. I CERJIFY, that death occurred on the date above stated: that I attended deceased from 15 18 47 to March 16 19 48
7. Birth date of deceased (mo., day, yr.) Oct 5 8 8 2 8. AGE: Years Months Days It less than one day	and that I last saw h 1 m alive on 19 mmediste cancel death Dunation Circles Runsorhage Omouths
9. Birthplace	Due to Vasculor Dypotusion
10. Usual occupation	Due to
12. Name 12. Name 22. 13. Birthplace	Diher condilions Chrowic Nuphritis
14. Maiden name Lawfell 15. Birthpiace Meyerfole, Ca.	Major findings of operations
16. Intermant Mass agranged of States a more	Antopsy results
17. Burial, cremation, of removal. Which? Date thereof. (month) (dir) (year)	Accident, suicide, or homicide
Cemetery or overalogy, J. Jerry J.	Where did Injury occur?
18. Funeral director	Means of Injury Injured at work?
19. Dete rec'd by registrar) Address Jenstein Ma. 19. Wesnitt Registrar	23. SIGNATURE William E. Moseley M. D. grother Address MA Davage Und: Date signed 116-1948

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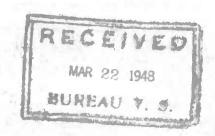
WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

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orrect W		CERTIFICAT	E OF DEATH	Reg. Dist. No	4
2	1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of		
i. i.	by or town	and give nearest town)	0. 0.0	ounty alfaya	ny
efull, and	How long in above place of death?		21801/2	ts, write RURAL and give near	rest town)
n care	allegany Hospila	X.	(If rural, giv	e LOCATION)	***************************************
tion of	How long in hospital or Wistitution?	······································	2.(a) If veteran, name war		
item of information carefully e causes of death clearly and	3. (a) FULL NAME Lonald	Lewayne	e Hall	3. (b) Social Security N	Number ——
inf s of	4. Sex 5. Color or race 6.(a) Single, marrie	ed, widowed, or divorced	MEDICAL C	ERTIFICATION	
n of	Male While Si	ugle	20. DATE OF DEATH March	17 1948	at 10:16 P
ry iter the ca	6.(b) Name of husband or wife		21. I CERTIFY that death occurred whe date at	bove stated: that I attended decease	ed from
ADING INK. Supply every Physicians: please write the	7. Birth date of deceased (mo., day, yr.) Feb 23,	re, give ageyears	and that I last saw halive on	sul!	19.88
ply		ess than one day	Immediate cause of death	muma	DURATION / OLD
Sup	0 0 24	hrsmin.			8
. рl	9. Birthpiace Cumberland al	legany 6 kg	Due to.		0 -4
IN	1D. Usual occupation	0 0	punch's		Lacoy
ING	11, industry or business		Due to		***************************************
		2	Diher conditions		
UNF ant.	12. Name	V. You	(Include pregnancy within 8	manth of death)	
WITH UNF	14. Mäiden name Blanche Me 15. Birthplace Fluitstone Cu	tterman	Major findings of operations		
) Lini	2 15. Birthpiace Fluitstone Cu	cels ta.		Date of op	
K,	16. Informant		Autopsy results		tatistically
PLAINLY, vis especially	Address 36 Edder St - Cumb	eland, Test.	22. VIOLENCE: If death was due to external co		
LA] esp	(Burial, cremation, or removal, Which?)	(month) (day) (fear)	Accident, suicide, or homicide		
E E	Cemetery or crematory glandale Grett	ien Genelay	Where did injury occur?(City or town)	(County)	(State)
RIT	Location Flutatore	rud. 0	Injured at home, farm, Industry, public place (*********
7	18. Funeral director. John J. Ho	lei.	Means of Injury	tnjured at work?	
PLEASE WRITE	Address Celuberland	land.	23. SIGNATURE	Mero M.	1)
PLE	19. March 20 14 8 WR. T	Vanta M. D.	Address 89 Seem 8	M. D. oi Date signed	
	(Date to a wy regional)	0	MARINAGOTTO TOTAL		

MAR 23 1948

BUREAU V. S.



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MARYLAND STATE DEPARTMENT OF HEALTH 97

2411 N. Charles St., Baltimore

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CEDTICI	CATE	OF	DE	ATL

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Allegany	
lty or town	State Tally Laria County County
	Cumberland (If outside city or town limits, write RURAL and give nearest towa)
w long In above place of death?spltal, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest towa)
116½ W. 3rd St.	Street No. 116½ W. 3rd St. (If rural, give LOCATION)
ow long In hospital or institution?	2.(a) If veteran, name war
. (a) FULL NAME	
	3. (b) Social Security Number
Nellie May Hutchinson	None
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH Mar. 7, 19 48, at
b) Name of husband or wife Wilson Hutchinson	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Job. 15: 19 48 10 see 7 19/
	and that I last saw in allye on 19
deceased (mo., day, yr.) May 16, / 885	Immediate cause of death DURATION
. AGE: Years Months Days If less than one day	Concerni 6 m
62 7 2hrsmi	
Birthplace Highland Co. Va. (Town, county, and state)	moin artenaclows 5 y
D. Usual occupation Housewife	Oue to.
t. Industry or business	US 10-
12. Name Samuel Heavener	Diher conditions
12. Name Samuel Heavener Unknown	
II nich our	(Include pregnancy within 3 months of death)
14. Malden name Unknown 15. Birthplace Unknown	Major findings of operations
	Oate of op
6 Informant Mr. Harry Arbogast	Autopsy results
Address 116 W. 3rd St. Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, illi in the following;
Burial Burial Date thereof Mar. 9,1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Zion Cem.	Where did injury occur? (City or town) (County) (State)
Near Keyser, W. Va.	
	Means of injury Injured at work?
18. Funeral director Charles L. George	
Address Cumberland, Md.	clay &
	23. SIGNATURE M. Des other
, March 9, 13 48 W. Trantz, M. A.	No. 1 ddraes

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Within corporate hours

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MARYLAND STATE DEPARTMENT OF HEALTH

, 2411 N. Charles St., Baltimore

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D	Diet	N ₋	

CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Penna. County Bedford
(If outside city or town limits, write RURAL and give nearest town)	Chaneysville
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ospital, Institution, or street address where death occurred: Memorial Hospital	Street No. R.D.#1 Flintstone
How long in hospital or institution?	(If rural, givo LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Blanche Margaret Hym	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Divorced	20. DATE OF DEATH Mar. 1, 19 48 ,217:07A
6.(b) Name of husband or wife David Hymes	21_I CERTIFY that death occurred on the date above stated; that affended deceased from
7. Birth date of	ars and that I last saw h
deceased (mo., day, yr.) Feb. 10, 1908	Immediato cause of death Dulla Company
8. AGE: Years Months Days 2/ If less than one day	perior "
40 0ml	
9. Birthplace. Cumberland, Md. (Town, county, and state)	Due to
(Zowii, County, and State)	Drumon devel
10. Usuat occupation Housewife	Due to Constant
11. Industry or business	adhesiono.
12. Name Amos Huffman 13. Birthplace Penna.	Other conditions
Z 13. Birthplace Penna.	4
14. Malden name Nellie Rice	(Include pregnancy within 8 months of deth)
14. Malden name Nellie Rice 15. Birthplace Cumberland, Md.	Major findings of operations.
16 Informant Mrs. Nellie Huffman	Appears results
Address 37 South St. Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Rurle) aremation or removed Which?) (month) (May) (Vec.)	
Cemetery or crematory. Mt. Herman Cem.	Where did injury occur?
Location Near Cumberland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles L. George	Means of Injury Injured at work?
Address Cumberland, Md.	I Judella
	23. Signature M. D. or other
19. Masch 4. 19.48 W. Fauty, M. D. Registr.	ar Address Date signed 3/3/1

MARGIN RESERVED FOR BINDING

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MAP 9 1948

BUREAU V. S.

information carefully. The of death clearly and legibly

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County	17.1 a ma mare				
City or town Cumberland Md (If outside city or town limits, write RURAL and give nearest town)					
How long in above place of death?	City or town				
How long in above place of death?	Street No. 705 Balter St.				
An route to Memorial Hospital	Street No				
How long in hospital or institution?	2.(a) If veteran, name war				
	3. (b) Social Security Number				
3. (a) FULL NAME	5. (0) Social Security Number				
Harry C. Jackson	705-09-9681				
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male colored Widower	20. DATE DE DEATH				
8.(b) Name of husband or wife derve Course Schoon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
6.(e) If alive, give ageyears	and that I last saw h im Dead March 10 19 48				
7. Birth date of deceased (mo., day, yr.) wwk . 1885	Immediate cause of death DURATION				
8. AGE: Years Months Days If less than one day	Coronary embolus about				
63 >	5 min.				
9. Birthplace Funkatown, Manyland	Due to arteriosclerosis and				
(Town, county, and state)	Colles's Fracture left arm 2 weeks				
10. Usual occupation danish Works	Puo ta				
11. Industry or business B+D. Rulum	Due to				
TI, Hedsity of Business	Au M				
E	Other conditions				
	(Include pregnancy within 3 months of death)				
# 14. Maiden name unk	Major findings of operations				
14. Malden name unk 15. Birthplace	Date of op.				
The state of the s					
16. Informant Welter Tungman	Autopsy results				
Address 705 Baker ST Cumbuland Mid	22. VIOLENCE: If death was due to external causes, fill in the following:				
17. Date thereof Much 14 14 48 (month) (day) (year)					
	Accident serves a remarkable				
Cemetery or crematory Ruse Hill Cemeters	Where did Injury occur?				
Location Cumberland Mrs.	Injured at home, farm, industry, public place (where?)				
18. Funeral director. Pravis Strin Inc.	Mesns of lojury science and activity of lajured st work? Deputy 1801 Carl Activity - Allegany Co				
Address Cumberland Mrs.	7.1				
3 12 00 10 to to m)	23. SIGNATURE H. V. Deming M.D. H. V. D. or other				
(Date ree'd by registrar)	AddressCumberland Md. Date signed 3-10-48				

MAR 17 1948 BUREAU V. S.

Contest of Contest Contest

ar in charles but, barring.	11	N.	Charles	St.,	Baltimore	
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ζ.	Dist.	No.	

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For sewborn infants give residence of mother)
County County	
City or town (if outside cree or town limits, write RURAL and give nearest town)	State County County
How long in above place of deaths & // L L Co	City or town (If outside city or town limits, write HURAL and rive nearest town)
Hospital, institution, or street address where death occurred:	Street No. 39 VI lef
mais Somether	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.34) Single, married, widowed, or divorged	Mrs. 705-10-842
3. Sold of face	MEDICAL CERTIFICATION
more mule manyed	20. DATE OF DEATH 3-14 19 48 , at 6.30 A M
6.(b) Name of husband or wife to lleng Canhera Large	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	3-5 1948 10 3. 19 1948
7. Birth date of deceased (mo., day, yr.) and 7th . 189/	and that I last saw h. M.M. alive on 3 - 1.3 19.48.
8. AGE: Years Months Days It less than one day	Immediate cause of death
55 2 7hrsmin	Meumococcic Meningilis 10 d
7	
9. Birihpiace	Due to
10. Usual occupation Insign Falle	Bala
11. Industry or business delenges Company	Due to
12. Name Vlysses y. Juffra	Other conditions
12. Name Vlysses Ja Jaffson	
	(Include pregnancy within 3 months of death)
14. Maiden name 32.13. Birthplace 94.13.	Major findings of operations.
21 15. Birinpiace	Date of op
16. Informant	Autopsy results
Address 9 19 les St. Fronting Myd	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof 3-17/41948	Accident, suicide, or homicide, Date of
(Burial, cremation, or removal, Which?) (month) (pay) (year)	Where did injury occur? (City or town) (County) (State)
Cemetery or creationy and the state of the s	
Location trestung for	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Therthia by	Par le thought has
2 1 4C Very March XI Rea	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address 59 E. Main 51:30, 3 Pate signed 3/16/48
	ace;

RESERVED FOR BINDING MARGIN WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and l

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MAR 18 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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County Allegany City or two Cumberland Me were kural and give nearest town) State Md. County Allegany City or two Cumberland Were kural and give nearest town) State Md. County Allegany City or two Cumberland Were a cumberly Combined Were a limit, write Bural and give nearest town) Street No 32.7 Central Ave Street No 32.7 Central Ave Street No Street No Cumberland Were a cumberly Combined Co	CERTIFICAT	E OF DEATH Reg. Diat. No4	*****		
4. Sex Solid or race Soli	1. PLACE OF DEATH: County Allegany City or town Cumberland Md. (If outside city or town limits, write RURAL and give nesrest town) How long in above place of death? Hospital, Institution, or street address where death occurred: 327 Central Ave. How long in hospital or institution?	(For newborn infants give residence of mother) State			
MEDICAL CERTIFICATION Male colored widower 5. (a) Name of bushand or wite Ligabeth Manus 1. Birth date of deceased (mm. day, 11) 8. AGE: Years Months 9. Birthplace 10. Usual occupation. Retired B&O.R.Ry janitor 11. Indigity or business 12. 1. Surhalace 13. Birthplace 14. Maiden name 15. Birthplace 16. (b) Name 17. Birthplace 17. Surhalace 18. (coronary thrombus 18. (coronary thrombus 19. Address 3 3 7 Cuttal and Cuttal Manus 19. Address 3 3 7 Cuttal and Cuttal Manus 10. Usual occupation. Retired B&O.R.Ry janitor 11. Indigity or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. (coronary thrombus 19. Address 3 3 7 Cuttal and Cuttal Manus 19. Address 3 3 7 Cuttal And Cuttal Manus 19. Address Cuttal Manus 19. Addr	3. (a) FULL NAME		_		
MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION 19. 48. all a 55. F 5. (c) It alive, give age per age pe	James E. Jones	1705-05-802	8		
5.(c) Hame of husband or with ligabeth. Armely 5.(c) Hallre, give age 5.(d) Hame of husband or with ligabeth. Armely 6.(e) Hame of husband or with ligabeth. Armely 76 8. AGE: Tears Months 76 9. Birthplace (Town, county, and twite) 10. Usual occupation. Retired B&CO.R.Ry janitor 11. Indistry or business 12. Name 13. Birthplace 14. Maidden name 15. Birthplace 16. Informant 17. Holistry or business 18. Address 3 7 Carrellane Cardiovascular sclerosis 18. Informant 18. Address 3 7 Carrellane Cardiovascular sclerosis 18. Informant 18. Commant 18. Freedrick Co. Md.a. (Include pregnancy within 5 months of death) Major findings of operations. Major findings of operations. Major findings of operations the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 18. Funeral director 18. Signature H.a.V. a. Demaing 18. D. Address 18. Signature H.a.V. a. Demaing 18. Signature H.a.V. a. Demaing 18. D. Address 18. Signature H.a.V. a. Demaing 18. Signature H.a.V. a.	4. Sex 5. Color or race 8.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	ú. Ŷ		
5.(c) Halve of bushand or with control of the control of the date above stated; that I sitended deceased from 1. Birth date of deceased (m. day, rr.) 8. AGE: lears Months Days Hiess than one day 76 Fredrick Co.Md.a. 8. Birthplace Grown, county, and state) 10. Usual occupation. Retired B&CO.R.Ry janitor 11. Indistry or business 12. Name Due to 13. Birthplace Die to 14. Maidden name Date of the case of death about the charged statistically. 15. Birthplace Due to 16. Informant Date thereo Date of the case to which death about the charged statistically. 16. Informant Date thereo Date of the case to which death about the charged statistically. 17. Cemetery or creation, or removal, Which) Date thereo Date of the conditions Date of the conditions Date of the conditions 18. Function division of removal, Which) Date thereo Date of the conditions Date of the conditions 18. Function of removal, Which) Date thereo Date of the conditions Date of the conditions 19. Function of removal, Which) Date thereo Date of the conditions Date of the conditions 19. Function of removal, Which) Date thereo Date of the conditions 19. Function of removal, Which) Date thereo Date of the conditions 19. Function of removal, Which) Date of the conditions 19. Function of the conditions Date of the conditions 19. Function of the conditions Date of the conditions 19. Function of the conditions Date of the conditions 19. Function of the conditions 20. Func	male colored widower	20, DATE OF DEATH March 10 19 48 411.	55 P		
T. Birth date of deceased (mo., day, yr.) ### AGE: Years Months Days Hiess than one day ### The property of the conditions Cardiovascular Sclerosis ### Birthplace Treedrick Co. Md. ### Due to. Fracture of the right femur 8 Wks ### Due to. Fractu		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
Immediate cause of death DURATION	T. Birth date at		4.0		
8. AGE: Years Months Days Hess than one day 76 Months Treedrick Co. Md. Fredrick Co. Md. 10. Usual occupation. Retired. B&O.R.Ry janitor 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 3 7 Control Co. Md. (Burial, cremation, or removal, Which:) 16. Cemetery or crematory. 17. Cemetery or crematory. 18. Funeral director. Address Control Co. Md. Coronary thrombus 19. Coronary thrombus 19. Coronary thrombus 20. Coronary thrombus 20. Coronary thrombus 21. Amonth of the right femur 8 Wks 10. Usual occupation. Retired of the right femur 8 Wks 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 16. Informant 17. County County 18. Funeral director. 19. Funeral director. 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 18. Coronary thrombus 20. Usual occupation. 21. Industry or business 22. VIOLENCE: If death was due to external causes, till in the tollowing: 22. VIOLENCE: If death was due to external causes, till in the tollowing: 22. VIOLENCE: If death was due to external causes, till in the tollowing: 22. VIOLENCE: If death was due to external causes, till in the tollowing: 23. SIGNATURE H.e.V. Delling M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	deceased (mo., day, yr.) July 3- 1871		TION		
Due to	76 8 7hrs. min.		once		
Due to	9. Birthplace (Town, county, and state)	Due to Fracture of the right femur 8	Wks.		
Dither conditions Cardiovascular sclerosis 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: (Cemetery or crematory. Cemetery or crematory. Address Address Address Address Address Address Address Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Accident, suicide, or homicide. Injured at home, farm, industry, public place (where?). Deput: Address Address Address Address Address Deput: Address Address Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Accident, suicide, or homicide. City or town) County) County) County) County) Address Addre	10. Usual occupation. Retired. B&O.R.Ryjanitor	Due to			
14. Maiden name 15. Birthplace 16. Informant Address 327 Central Case 17. (Burial, cremation, or removal, Which2) Cemetery or crematory Location Location Major findings of operations. Major findings of operations. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Control County) Where did Injury occur? (City or town) (County) (Count		Other conditions Cardiovascular sclerosis			
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Address 337 Central and Cumbelland May 22. VIOLENCE: It death was due to external causes, till in the tollowing: 11.					
22. VIOLENCE: It death was due to external causes, till in the tollowing; (Burial, cremation, or removal, Which?) Cemetery or crematory. Location Location 18. Funeral director. Address Address Date thereof. 18. Funeral director. Means of Injury slaved and feel 14/2 injury a work? 23. SIGNATURE. H. V. Deming. M. D. Allogapy 24. O. H. A. H. M. D. O. J. F. M. M. D. O. J. F. M. M. D. O. J. F. M. D. D. M. D. O. J. F. M. D. D. M. D. O. J. F. M. D. O. J. F. M. D. D. M. D. O. J. F. M. D. D. M. D. D	0 0 0 0 0 0 0 0 0				
Location Comboling M. Injured at home, farm, industry, public place (where?). Mean Custome 18. Funeral director Manie Stein Manie Means of Injury slepped and feel 14/2 injured in work? Deputy Medical Examiner - Allegany Comboling M.D. M. D. and F. 23. SIGNATURE H. V. Deming M.D. M.D. and F. M.D. and F.	Date thereot (month) (day) (year)	Accident, suicide, or homicide. Casadend Date of Jan 2/4	8		
18. Funeral director Means of Injury Shapel and feel L4/2 Myster of work? Address Cambelland Modern Committee of Means of Injury Shapel and feel L4/2 Myster of work? 23. SIGNATURE H. V. Deming M.D. M. D. Opper	Cemetery or crematory Summer Company				
18. Funeral director. Shiring Stein Mans of Injury Stephel and Seed by Inju	location Cumberland Mrs.				
Address Cumberland M.D. H.V. Seming M.D. H.V. Seming M.D. H.V. Seming M.D. H.V. Seming M.D. W. D. W. D	J 8p - 1.	Means of Injury sligned and feel 14/ Thirtee it work?	9.77.77		
M.D. T. T. M. A.		1111	4-4		
19. 7-72 19 40 Oraco Cumberland Md. Date signed 3-11-48	19. 3-12 19 48 WR Frants, M.S.	M. D. Carr	-48		

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V PLEASE WRITE SA



	98	MAKILANU SIAIE DE.	St., Baltimore (233)
	ect a		E OF DEATH Reg. Diat. No. 4
M	O Y. I Pe corr	1. PLACE OF DEATH Regard County City or lown Limits write RURAL and give nearest sown)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State Duy band County City or town. Lastonia
•	ton carefully clearly and	How long in above place of death?	(If outside city or town limit, write RURAL and give nearest town) Street No. (If rurel, give LOCATION) 2.(a) If veteran, name war.
	information of death cle	3. (a) FULL NAME Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	eling 3. (b) Social Security Number Marc
ING	es	Lemale White Single married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH. MARCH 19 48 26-450 M
E E	the	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that attended deceased from the date above stated: the date above stated in the date above stated
VED FOR	Wr	8. AGE: Years Moons Days If less than one day	Immediate cause of death DIRATION 3 OCCUPATION
RESERVED	ADING INK. Supp Physicians: please	9. Birthplace. Frostburg allegan Co md (Town/county, and style)	Due to
	ysicia	1D. Usual occupation	Due to
MARGIN	Fe.	12. Name William Telling 13. Birthplace Frostbarg might	Dther conditions
	WITH UNI	14. Maiden name China Winner 15. Birthplace Fractions 2004	(Include pregnoncy within 3 months of death) Major fiediogs of operations
	CAINLY, Wespecially in	16. Informant William Theolog Address Frostbury Md TR7D#1	Autopsy results PHYSICIAN: Please ooderlioe the cause to which death should be charged statistically.
3	Pl	17 (Buriol, cremation, or removal, Which?) Bate thereof. 3/22/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
1.45-15	RITE	Commetery or crematory Assistance and Location Assistance and Location	Where did Injury occur?
15	ASE W	18. Funeral director	Means of injury Injured at work?
VS A	PLEA	19. March 20 19. 48 Lu. Frants, M. A. Registrar	23. SIGHATURE M. D. or other Address Q A M Date signed S 20



MAR 23 1948

BUREAU V. S.

age

PLAINLY, WITH UNFABING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

WRITE

PLEASE

A15 SA

FOR BINDING

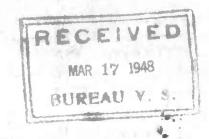
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02331

CERTIFICA	ATE OF DEATH Reg. Diat. No			
1. PLACE OF DEATH: County Alche C. G. C.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maxy and County Rule 4224 County Rule 4224 City or town (If outside gity or town limits, write RURAL and give nearest town) Street No. 224 (If rural, give LOCATION)			
3. (a) FULL NAME	3. (b) Social Security Number			
Katherine Jean K	e//4 None.			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
F W Single	20. DATE OF DEATH Mar - 9, 1948, at 12:15			
6.(b) Name of husband or wife	Immediate cause of death Description			
9. Birthplace Cumber / 2 nd (Town, county, and state) 10. Usual occupation No 2002	Due to			
11. Industry or business None	Due to			
E 12. Name 22 172. es Kelly	Other conditions			
	(Include pregnancy within 8 months of death)			
14. Maiden name Mary Farrell 15. Birthplace Md.	Major findings of operations.			
	Organization of op.			
16. Informant dances Kelly Address 224 Carral St.	Autopsy results			
Address 224 (247) 17. Build Date thereof March 10, 1948 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide			
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemelery or crematory St. Peters & Pouls	Where did injury occur?			
Location Cuarbe land Md	Injured at home, farm, Industry, public place (where?)			
18. Funeral director James E Scark Pelli	Means of Injury Injured at work?			
Address 100 VIV GIVIZ PARE DP	Dr. L. Brings Fire			
19. Mar. 10 1948 A. B. Trank	29. SIGNATURE M. D. or other M. D. or other 3/8/48			



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

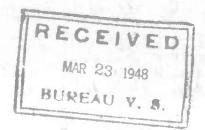
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02332

ERT	FIC	TAT	FO	E DE	ATH
			1 1	1 1/1	

Reg. Dist. No.

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Allegany	State Mary land County Allegany
(If outside city or town limits, write RURAL and give nearest town)	040/11
How long In above place of death? A months	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Ad Vole
Memorial Hospital How long in hospital or institution? 15 Days	(ir rural, give LOCATION)
	and a second sec
John Altred Kenr	1 e dy 3. (b) Social Security Number None
Male white Internal	MEDICAL CERTIFICATION 20, DATE OF DEATH March 20 19 48 12:409
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 mg, 18 48, to 20 mg, 19 48.
	and that I last saw h annuality on 20 mg 19.44
7. Birth date of deceased (mo., day, yr.) November 14, 1947	Immediate cause of death Am 5.8 m. 1 to DURATION
8. AGE: Years Months Days If less than one day	Henry Disens 2.
9. Birthplace Crm ber land Allegany, Mary land	Due to
1D. Usual occupation.	
11. industry or business	Due to
# 12. Name William M- Kennedy	Other conditions Mongeline Fodiocy
14. Maiden name Florence M- Schmitt 15. Birthplace Liberty Corners, Now Jersey	(Include pregnancy within 3 months of death) Major findings of operations
15. Birtholace Liberty Corners, Now Jersey	Date of op.
18. Informant William M. Kennedy	Autopsy results
Address K.F.D. # Cumberland, Ma. Burid Date thereof March 22, 1948 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?), (month) (day) (year) Cemetery or crematory. Forest hawn Ceme Fery	Where did injury occur?
Location Philodelphia Penna	injured at home, farm, industry, public place (where?)
Val. I Nater	Means of Injury Injured at work?
18. Funeral director	- 2 11 11 XI
Address Crmberland, Md.	23. SIGNATURE Julius M. D. or other
(Date rec'd by registrar) 1948 W.A. Grantz, M.S. Registrar	112 Redad St - 21 Mark



Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 0233332411 N. Charlee St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) town limits, write RURAL and give nearest town carefully outside city or town limits, write RURAL and give nearest town) information care of death clearly (If rural, give LOCATION) How long in hospital or inetitulion? 3. (a) FULL NAME 3. (b) Social Security Number 8.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION BINDING 6.(b) Name of husband or wife. S.(c) If alive, give ageyears FOR 7. Birth date of deceased (mo., day, yr.) Supply elease wri DURATION Days Months 8. AGE: Years RESERVED 10. Usual occupation. MARGIN 11. Industry or business important. 13. Birthplace 15. Birthplace especially PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. Accident, sulcide, or homicide..... Where did Injury occur? 国 (State) (City or town) Injured at home, farm, Industry, public place (where?) Msans of injury 18. Funeral director

23. SIGNATURE.

MAR 17 1948 BUREAU V. S.



PLEASE WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

920

02334

Reg. Dist. No.

CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH: Alexander	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town Eckhart Mines
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution? / Week	2.(a) If veleran, name war
James Harold	Klosterman 215-20-6879
Male Scoto or race 6.(a) Single, married, widowed, or divorced Single Single	MEDICAL CERTIFICATION 20. DATE DF DEATH. MEDICAL CERTIFICATION 3.44
6,(b) Name of husband or wite	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from Jan 2 19.48 to May 22 19.48
7. Birth date of deceased (mo. day, yi.) Sept. 27. 1927	Card that I last saw him talive on Mass 2/ 1948
8. AGE: Years Months Days If less than one day 2 / 5 /hrsmjn.	Immediate dure of death fluengtic 240
9. Birthplace. Co. E CK 4 a x + Mines M. (Town, county, and state)	Due 10.
10. Usuai occupation. Une mployed	Duo to
11. Industry or business 12. Name # Ped Hill Alles. Co., Md.	Other conditionsx
14. Maiden name Pose Mae Veider 15. Birthplace Hoffman, Alled. Co, Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Henry A. Blosterman	Autopsy results
Address CABAY / 12 4 1948. 17. Buy a Date thereof. Mar. 24, 1948. (Burial, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,
cemetery or crematory St. Michael's Cemeter	Whers did injury occur?
Location TYOSTBUY MA.	Injured at home, farm, Industry, public place (where?) Masna of Injury Injured at work?
18. Funeral director Aster Funeral Home	- manch Sont
Address Frostburg, Ma.	23. SIGNATURE M. D. or other
19. 3 - 23 19. To Mw. Mally N. Registrar Registrar	Address Frostbury Mg Dato signe 3-23-48

MAR 26 1948 BUREAU V. 8.

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Evide							
FILM No.							
T. PLACE Of County	(Lf)	Lysi of d	de e	ity	or tow	0	-43
Hospital, Institu How long in ho	spital o	stre CC r Ins	J C	ddre	lei	ere d	gC
3. (a) FULL	NAM	E	()		-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02335

HUM 110. G 114 MAR 15 1948. CERTIFICA	TE OF DEATH Reg. Dist. No.
City or town. (It gustide eity or town digits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	City or town (17 outside city on town limits, write RUFAL and give nearest town) Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	my britishing never Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male White married, widowed, or divorced	MEDICAL CERTIFICATION 19 DATE OF DEATH MEDICAL CERTIFICATION 19 430
6.(b) Name of husband or wife Alexander Service Servic	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. MAL 4 19.9.9.9.9. and that I last saw a live on MAL 3. 119.8.
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 1868	Immediate cause of death Surveyor Surveyor Surveyor
9. Birthplace Const. (Town, county, and grate)	ore to My Shafflemore have It has
10. Usual occupation. The little Markets Control of the Markets of	Due to.
12. Name Denny Gillreitylung 13. Birthplace	Dther conditions
14. Maiden name Satisfy Posterstoen 15. Birthplace Seattless	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant 2011 Cardy Trustyling	Antupay results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 7 Concession Bate thereof 3 (month) 17 (month) 1949 (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory to the transfer to consider y	Whare did injury occur?
18. Funeral director according	Injured at home, farm, Industry, public place (where?) Means of Injury Injur
Address Frestling Md.	23. SIGNATURE DE MINISTER SALVEN
19. 3-6 (Date red d by registrar) 19 LS Mus Mussy N. Karstrar	Address Loshug M. Date signed 3-5-48

ALCOHOLD TO THE REAL PROPERTY.

THE REPORT OF MARKET BUREAU TO SEE THE PARTY.

MAR 9 1948

BUREAU V. S.

MAR 17 1948

MARYLAND STATE DEPARTMENT OF HEALTH 940

2411 N. Charles St., Baltimore

02227

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CERTIFICA	ATE OF DEATH Reg. Dist. No. 4
Allegany County Cumberland City or town (If outside city or town limits, write RURAL and give neerest town) How long in above place of death? Hospital, institution, or street address where death occurred: 1107 Va. Ave. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Allegany Clity or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 1107 Va. Ave. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
George Thrall Keller	MEDICAL CERTIFICATION 9847
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	
Male White Married	20. DATE OF DEATH. Mar. 2, 19 48 at 66.
8.(b) Name of husband or wife Sarah Thomas Keller 8.(c) If alive, give age 68 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1. Birth date of	and that I last saw alive on
deceased (mo., day, yr.) dune 6, 1874 8. AGE: Years Months Days If less than one day	Imm diate cause of death
73 8 26hrs	in.
9. Birthplace	Due to
Address 1107 Va. Ave. Cumberland, Md. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Rose Hill Cem. Location. Cumberland, Md. Cumberland, Md. Charles L. George	Autopsy results
Address Cumberland, Md. 19. March 4, 1948 w. Fauta, M. A. 19. March 4, 1948 w. Fauta, M. A. Registrar)	23. SIGNATURE M. D. OPSING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

Mr. Lange

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MAR 9 1943

M. D. or other

Date signed

OF DEATH	Reg. Diat. No.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2. USUAL RESIDENCE (HOME) OF	DECEASED:	
(1) /7.	(2/1/1	any
ity er town) 1	Ŋ
/	write RURAL and give nes	rest town)
treet No		
.(a) If veleran, name war		
entre	3. (b) Social Security 220 10-	A.
MEDICAL CE	RTIFICATION	02
2/4	48	
O. DATE OF BEATH		, 31
1. I CERTIFY that death occurred on the date about		ased from
nd that I last saw h. l. Ma allve on	148	
ing that I last saw n. A. A. W. L. alive on		DURATION
modiate cause of death	asthma	DUNATION

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	***************************************	•••••
ue to		•
		* *************************************
her conditions		
(Include pregnancy within 3 m	anthe of death)	
(Include pregnancy Within a R	ionina of dearn)	
ajor findings of operations		
ajor findings of operations.	Bate of op	
ajor findings of operations.		
utopsy results		
utopsy results	ich death should he charged	statistically.
utopsy results	ich death should he charged ses, fill in the following; Date of	statistically.
utopsy results	ich death should he charged ses, fill in the following; Date of	statistically.
lajor findings of operations	ich death should he charged ses, fill in the following; Date of (County)	statistically.

Address

MAR 19 1948

CERTIFICAT	E OF DEATH Reg. Dist. No.
City or lown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stat Orygoned County Oligany City or town Thirty of the RURAL and give neares frown) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME Ernest Melvin Lay	3. (b) Social Security Number
nale White Married, widowed or divorced Mariel	MEDICAL CERTIFICATION 20. DATE OF DEATH MAN 24 15 15 4 M
5,(b) Name of husband or wite Mary Layman 7. Birth date of deceased (mo., day, yr.) Quart 27 1878	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from 19. 10. 19. 2 4 19. 48. and that I last saw h 2772 alive on 25 19. 48. Immediate sause of death. DURATION
8. AGE: Years Months Days It less than one lay 69 6 26	Dechal Hemorrhage 6 his
9. Birthplace Mostling (Youn, eounty, applicate) 10. Usual occupation	Due to.
12. Name Deorge Layman 13. Birthplace Maryland	Other conditions
14. Maiden name annie f Growe 15. Birthplace Maufaus	Major findings of operations. Date of op.
18. Informant Mrs. Charles Morris	Autupsy results
17. Gurial, cremation, or removal, Which?) Cemetery or crematory. Date Ihereof Mar. 27. 1948 (month) (des) (year)	VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director	Injured at home, farm, Industry, public place (where?)
19. 3-27 1948 Mrs. Janey W. Rus. Registrar	23. SIGNATURE Mr. D. or other Address Date signed 26-48

BINDING FOR RESERVED MARGIN ge

information carefully of death clearly and

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

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PLEASE

MAR 29 1948
BUREAU V. S.



BINDING

FOR

MARGIN RESERVED

WITH UNFADING INK. important. Physicians: pl

especially

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02340

DURATION

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Expression residence of mother) State County City or town (If outside gity or town limits, write RURAL and give nearest town) Street No. 3.2 (If rural, give LOCATION) 2. (a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
anna Catherine dona	None
Female White Chairmed widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH ON AND 19 48, 21
6.(b) Name of husband or wife 7 7 7 7 7 8.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Fabruary 21 19 48 to march 30 199 and that I last saw h. CT. alive on meaning 30 199
7. Birth date of deceased (mo., day, yr.) January 30 1870	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral hemorrhage 1/2 mi
9. Birthplace	Due to Hype feusero Cardio - 20 y
10. Usual occupation	Due to Cerchal Cerculatory impay - 1
11. Industry or business	heest of the party of
12. Name Attended Comberland and	accedent which left no residual
14. Maiden name Chagalith Backman Ind	Major findings of operations. No.
16. Informant mo Scott Street Address Combelland	Antopsy results
17. Burial, cremation, or remeal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory St Intelo Cem.	Where did Injury occur?
Location Commissions and.	Injured at home, farm, industry, puby's place (wher (?)
18. Funeral director ams Stess ma	Means of Injury Injured at work?
Address Cumferland.	23. SIGNATURE favelle & Weisman !
19. (Date fee'd by registrar) 19. 4 8 W. Sautz, M. D. Registrar	Address 122 Bedford St, Cumpolandate signed lungsh



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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02341

CERTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cumberland	State Maryland County Allegany
City or town	" a a a a a a a a a
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where death occurred:	Street No. 110 West 3rd St.
110 West 3rd St.	(If rurai, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sarah Elizabeth Lechlite	er None
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DF DEATH. Mar. 5, 19 48, at
(b) Name of husband or wife Wm. H. Lechliter	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
s (c) It alive give age 68 was	2202. 1, 19 48, to 2002. 5, 194
7. Birth date of Tables 2 7 990	and that I last saw banalive on 19
deceased (mo., day, yr.) OULY), 1009	Immediate cause of death
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATIC
58 8 2hrsmi	14 0 0
Cumberland Md	Due to Cerebral Lamonly 50
9. Birthplace	Due to.
10. Usual occupation Housewife	
10. Usual occupation	Due to.
11. Industry or business	
≝ 12 Name James Moore	Other conditions
12. Name James Moore 13. Birthplace Va.	
Maka oun	(Include pregnancy within 8 months of death)
置 14. Maiden name Unknown	Major findings of operations
14. Malden name. Unknown	Date of op.
16. Informant Mr. Wm. H. Lechliter	Autopsy results.
	proposed as the state of the st
Address 110 W. 3rd. St. Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which?) Date thereot Mar. 8, 1948 (month) (day) (year)	
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory St. Mary's Cem.	Where did injury occur?
Cumberland, Md.	
18. Funeral director Charles L. George	Means of Injury tnjured at work?
Address Cumberland, Md.	23. SIGNATURE Clary? Jan 28
manda 15 1.0 tout on 1	23. SIGNATURE M. D. or other
19. Part h 7 19 48 W. Frank, M. D. Registra	

MAR 17 1948



MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1626

02342

CERTIFICATE OF DEATH

Reg. Dist. No.

/					2000 1010 1101 1101	
1. PLACE OF D				2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	F DECEASED: mother)	
County Alleg				State Maryland County Allegany		
City or town(If	outside city or town	limits, write R	URAL and give nearest town)	City or town. Mt. Savage		
How long in above place	ce of death?or street address where	15 Mont	hs	(If outside city or town limit	s, write RURAL and give ne	earest town)
Allegs	any County	Infirms	ary	Street No. (If rural, give	LOCATION	•••••
	or institution?	75 1	lonths	2.(a) if veteran, name war		
3. (a) FULL NAM					3. (b) Social Security	Number
		Marth	as W. Malloy		None	
4. Sex	5. Color or race	6.(a)\$ingi	e, married, widowed, or divorced	MEDICAL C	ERT!FICATION	
Female	White		Single	20. DATE OF DEATH March 12	19.48	8-30 A
R.(b) Name of husban	nd or wife			21. I CERTIFY that death occurred on the date ab-	ove stated; that I attended dec	eased from
			c) if alive, give ageyears	193C 19		
T. Sirth date of deceased (mo., day	171-		22 1866	and that I last saw h. Caalive on		
8. AGE: Yea	17.0	Days	tf tess than one day	Immediate cause of death		. OURATION
82	0	20	hrsmln.	Centr lugo cardia	Failure	25 min
Mt	Savage. A	llegany	Co. Marvland	Bue to	0 . 1 .	
9. Birthplace	(Town		Co. Maryland	due to	Semlety	
10. Usual occupation	L	House)	Due fo.	J	
11. Industry or busin	ess	11				
置 12. Name	Thomas	Malloy		Other conditions	***************************************	
12. Rame	Ir	eland		(Include pregnancy within 3		
	Ellen :	Logsdon				
14. Maiden nam 15. Birthplace	P	enna .		Major findings of operations		
			ATF			
16. Informant			ey	Autupsy results PHYSICIAN: Please underline the cause to w	hich death should be charged	d statistically.
Address	Mt. Sa			22. VIOLENCE: tf death was due to external ca	uses, fill in the following;	
17 Bur	ial on, or removal. Which	Date fher	eof. 3/15/48 (month) (day) (year)	Accident, sulcide, or homicide		
(Buriat, erematic	St.		s Cemetery	Where did injury occur?(City or town)		(State)
Cemetery or crema			age, Md.	(City or town) Injured at home, farm, industry, public place (w		(otate)
			250, 24.	Msens of injury	injured at work?	
18. Funeral director	J.J.D	urst		Masons of Injury	1-	
Address	Frostburg	, Md.	111	23. SIGNATURE LA TRILLE T	· Houls le	4.8
3./3		11	1 rous MD	23. SIGNATURE		or other
19, (Date rec'd by	registrar)		Registrar	Address 110 S. Centre So	Date signed	3-12-48

MAR 17 1948

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information carefully. The correct of death clearly and legibly.

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FOR

MARGIN RESERVED

MARVIAND STATE DEPARTMENT OF HEALTH

Reg. Dist. No. ...

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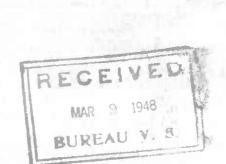
/			CERTIFIC	ATE OF DEATH
How long in above place Hospital, institution,		State MARYIA ND City or town. CUMBERI. (If outside city or t		
How long in hospital	or Institution?5	days	······································	2.(a) If veteran, name war
3. (a) FULL NAM Mc CORM	ME ICK, ANNA M	RS.		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDIC
FEMALE	WHITE	WT	DOWED	20, DATE OF DEATHMAR.
DECEAS 7. Birth date of deceased (mo., day	SED	/81	OSEPHo) If alive, give age7.1	MARI
66			If less than one day	min.
9. Birthplace	MARILAND (Town, HOUSEWI	county, and	state)	
11. Industry or busine				
12. Name	n 4000	.*		Other conditions (Include pregnancy
14. Maiden nam 15. Birthplace	FA	UBLE,	ELISABETH	(Include pregnancy
16. Interment MI				
Cemetery or crema	st I	Date then	eof. 3/4/48 (month) (day) (year) emetery	Where did Injury occur?(City
			Kight	11
to Eumanal disaster	III also also also also			

ME) OF DECEASED: ALLEGANY wn limits, write RURAL and give nearest town) COND ST. ural, give LOCATION) 3. (b) Social Security Number None CAL CERTIFICATION e date above stated; that I attended deceased from LEROS 15 within 3 months of death) ause to which death should be charged statistically. aternal causes, fill in the following: or town) (County) place (where?) ...

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PLEASE WRITE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bultimore

CERTIFICATE OF DEATH

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	/
1. PLACE OF DEATH: allegany	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State Maryland County allegany
City or town (1f outside fity or town balts, write DURAL and give nearest town)	
How long in above place of wath? 25 years.	City or jown
Hospital, Institution, or street address where death occurred	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Derrant Benjamin 1.	ne Cray 3. (b) Social Security Number
Male builte Married wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 14 19.48, 21.7:30 A. M.
6.(b) Name of husband or wite. Grace Graces	21. I CERTIFY that death occurred on the state above stated; that I attended deceased from Fallicany 1- 19. 48, to Merch 14 19. 48
T. Birth date of deceased (mo., day, yr.) August 23, 1886	and that I last saw h. 1 alive on March 1315 1948
8. AGE: Years Months Days If less than one day	Immedisi carrie of death Duration
6/ 6/21 min.	Agree of Agreement of the Agreement of the Agreement of the Agreement of the Agree
f + 1	nais-
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Afore proprector	
	Due to
11. Industry or business	
12. Mame 10 keed	Dther conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name 20 kecord.	
14. Maiden name 10 Record:	Major findings of operations
16. Informan Howard Mc Cray	
11.	Antopay results
Address Correganize, 1 nd	22. VfOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or renystal, Which?) Date thereof Man da 17, 144 B (month) (day) (year)	Accident, suicide, or homicide
Yland at and and at	
Cemetery of crametoxy ACCO VIOLO	Where did Injury occur?
Location Clemberland Ind.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Harvey H. Seigle	Means of Injury Injured at work?
26, 11 (1162)	livia. 8 m a. m.
Address Admanage Ca.	23. SIGNATURE William L. Moseley Mid
19.5-10tt 1910 7-15-0-16 100CfC	M. D. ogother M. Davage Wed. Date stend 16-1948

APR 24 1948

ly. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No. ...

CERTIFICATE OF DEATH

How long in above place Hospital, Institution, or	Mt. Sava	death occurred	URAL and give nearest town)	State Maryland City or town Mt . S (If outside city or town Street No.	State County		
How long in hospital or		***************************************	***************************************	2.(a) If veteran, name war		***************************************	
3. (a) FULL NAM		ne Lo	uise McDermi	tt	3. ((b) Social Security none	Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MED	DICAL CERTI	FICATION	
Female	White	Wid	owed	20, DATE DE DEATH	16 28	1948	3:30 P. W
6.(b) Name of husband 7. Birth date of deceased (mo., day,)	Tanus	6.(McDermitt) If alive, give agey	21. I CERTIFY that death occurred and that I last saw h	on the date above state	d; that I attended dece	28 19 4 8
8. AGE: Years		Days	If less than one day	Immediate cause of death			OURATION
7	8 2	22	hrs	min.			
1D. Usual occupation 11. Industry or busines	house	wife loy	gany, Md.	Due to			7 900
	Mary I	ull	le, Pa.				
	Kathleen Mt. Sa		mitt,	PHYSICIAN: Please noderline th	he cause to which des	ath should he charged	
Buria (Burial, cremation	or removel. Which?	Date then	(month) (day) (yeer) 's Cemetery,	22. VIOLENCE: If death was due Accident, suicide, or homicide Where did injury occur?(C		Date of	
	t. Savage			Injured at home, farm, Industry, pu			
18. Funeral director	J. R. rostburg,	Durst Md.		Means of injury	1 9	Injured at work?	lend
19 Marsh 3	0 19 4 8	00	nica Millemet	23. SIGNATURE	1	M. D.	M A -



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

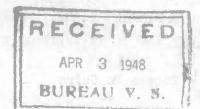
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CERTIFI	CATE	OF	DEA	TH
		~ .	200	

Reg. Dist. No.

l		atog, Diet. Ho.	·····/·····
	1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	City or town. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	state Md. county Allegany	
	How long in above place of death? about 3 min.	City or town. Cumberland (If outside city or town limits, write RURAL and give ne	earest town)
1	Hospital, Institution, or street address where death occurred: Pluma's Restaurant, 731 Va. Ave	Street No. 16 Laing Ave	
ļ	How long in hospital or institution? Dead on arrival at.	2.(a) If veteran, name war	
ŀ	3. (a) FULL NAME	3. (b) Social Security	Number
	Martin Toseph Mc Guire 4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced	705-09-	9506
		MEDICAL CERTIFICATION /	about
l	male white married	20. DATE OF DEATH. March 27 19.48	at 3.15p
	6.(b) Name of husband or wife Beatrice Curran Mc Guire	21. I CERTIFY that death occurred on the date above stated; that I attended dec	
	7. Birth date of	and that I last saw h. im all Dead March 27	
	deceased (mo., day, yr.) Oct. 7- 1883	Immediate cause of death	
	8. AGE: Years Months Days If less than one day	Coronary occlusion	
١	64 5 20hrsmin.		
	8. 8 rihplace Pieamont W. Va. (Town, edunty, and state)	Due to	
	10. Usual occupation B&O R.Ry mechanic		***
	11. Industry or business B&O RR	Due 10	***
	12. NameThomasMcGuire	Other conditions Alcoholic at times	
		(Include pregnancy within 8 months of death)	weeks spree.
	14. Maiden name Mary Murphy 15. Birthplace Md	Major findings ol operations	4
	16. Informant Thomas V. McGuire (brother)	Autopsy results	l statistically.
l	Address Westernport Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
	17 Burial & Removal (Buriat, cremstion, or removal Which?) (Buriat, cremstion, or removal Which?)	Accident, suicide, or homicide	
۱	Cemetery or crematorySt. Peter Catholic Ceme.	Where did injury occur?	(State)
	LocationWesternsport, Md.	Injured at home, farm, industry, public place (where?)	***************************************
	18. Funeral directorLouis Stein Inc.	Means of injury Injured at work?	egany Co
	Address Cumberland, Md	23. SIGNATURE H.V. Deming M.D. N. D. M.D.	mine M.D.
	18. March 29 19 48 W. f. Tranty, M. D. (Date rec'd by registrat)	Address Cumberland Md. Date signed	of other
1	(Date rec'd by registrar) Registrar	Address C. UIII Dele signed	Y TALL BY



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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leg.	Dis	t. N	8	

Date signed 3/5/48

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF TASED. 1. PLACE OF DEATH:

County. Llegany	(For newborn infants giver esidence of mother)
City or town	State Glary Land Courty allegary
How long in above place or death?	City or town
Hospital, institution, or street address where death occurred:	Street No. Frunase St.
Timerace & well	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ames of Solyine or	217-03-2166
4. Sex 5. Color or race 6.(a) Single, married, windowed, or divorced	MEDICAL CERTIFICATION
male White magnied	20. DATE DF DEATH. 3 / 2 154.8 at 80
6.(b) Name of husband or wife Tellie Thessell This	21. A CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age	1 17 1948 10 3 / 2 1948
7. Birth date of	and that I last saw h i.M. alive on 3 / 2 18.48
deceased (mo., day, yr.) Jan 4, 1874	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Heart block and
hrsmin.	auricular filialistian
9. Birthplace Laconing Old.	Due to.
(Town, Dunty, and state)	
10. Usual occupation of all lands	Due to.
11. Industry or business (Md, Law-al Cot.	
12 Name David The Lityle	Other conditions
13. Birthplace Scotland	
e Ci. A. t. 24 - th	(Include pregnancy within 3 months of death)
14. Maiden name Colly Cotland	Major findings of operations
15. 8irthplace Collina	
16. Informant Russell And Sontyre	Antopsy results
Address Long coning and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, removal, Which?)	Accident, suicide, or homicide
Cemelery or cremotory Cake Hell Counciter	Where did Injury occur?
La constant Cond 1	
Location	Injured at home, tarm, Industry, public place (where?)
18. Funeral director	Meens of Injury Injured at work?
Address Knacovana, and	Q 1 8 9
and de la la mala.	23. SIGNATURE David Cure M. D. or other
19 Mar 9 19 48 Janhatte M Goal Registrar	Address Lanconing md Date signed 3/5/48



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MARYLAND STATE DEPARTMENT OF HEALTH & P.E. Sersy02348 CERTIFICATE OF DEATH Reg. Dist. No. 6

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County allegany	
City or town	State Maryland County Allegous
How long in above place of death? 38 4e 4R5	City or town
Hospital, institution, or street address where death occurred:	Street No. Mallen Ave
Mullen ave	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lillian RoBerra Ove.	
LITTIAN HOTSERTE OUE	2/6-07-94/0
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negro Divorced	2D. DATE DF DEATH on and 5 19 48 at M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 19426 march 5- 1948
W W 1 1 1 1 1	and that I last saw h. C. alive on march 5 19 48
deceased (mo., day, yr.) November 19, 1900	Immediate cause of death Coronary Thomband DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death
47 3 /6hrsmin.	
9. Birthplace Baltimore Bultimore Maryland (Town, county, and state)	Due to arteursleson
9. Birthplace (Town, county, and atate)	Due to
Poor	
1D. Usual occupation.	Due to Distetar on elletur
11. Industry or business West vaco CLUB	
2 12. Rame	Other conditions
13. Birthplace Virginia	
14. Maiden name Lucy Johnson	(Include pregnancy within 3 months of death)
	Major findings of operations
S 15. Birthplace Vinginia	Date of op.
114	
16. Informant MARGARET Have 11	Autopsy results
Address 145 Keesport, fenna	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 10.10	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (dsy) (year)	
Cemetery or crematory Walden Cumitory	Where did injury occur?
	Injured at home, farm, industry, public place (where?)
Location Westernpark nes	
18. Funeral director Elswarth SBash	Means of Injury Injured at work?
	~ 0
Address Western park med	23. SIGNATURE J.E. Berry M.D.
mal of 10 Boarma Bar M	
19. (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Predmont Wa Date signed 3/6/48



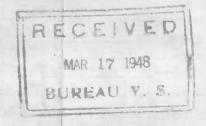
MAR 9 1948



02349

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: Allegany (If outside city or town limits, write RURAL and give nearest town) 3. (b) Social Security Number 705-10-8708 MEDICAL CERTIFICATION Mar. 7. 19 48 at M 21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from Febr. 10 1948 10 Much (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. -22. VIOLENCE: If death was due to external causes, fill in the following; (County) Injured at home, farm, industry, public place (where?) Injured at work?



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MARYLAND STATE DEPARTMENT OF HEALTH 940

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

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CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Statter Tyler Patterson 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number 2/3-09-6447 MEDICAL CERTIFICATION
On 1 of the mount	
6.(6) Name of huckand or wife M. Lang. Edizatetts Muller Betters. 7. Birth date of deceased (mo., day, yr.) April 1/4 Silver it less than ooo day 8. AGE: Years Months Days If less than ooo day 1. Months Days If less than ooo day	20. DATE OF DEATH. 21. I CERTIEY that death occurred on the date above stated; that I attended deceased from 21. I CERTIEY that death occurred on the date above stated; that I attended deceased from 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
In Usual occupation to Frech Weislassan at Man	
11. Industry or business Jenkins Gwal Co	Dither conditions. (Include pregnancy within 3 months of death)
14. Maiden name Christinie M. Orckes	Major findings of operations
16. Interment Mrs. Ohalter Patterson Address Woodland	Antopsy results
(Burial, cremation, or removal, Which?) Cemetery or cremalory Date thereof McLl (month) (day) (year),	Accident, suicide, or homicide
18. Funeral director of Sechharus Address Conscious, Miles 343	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE
19	Address Trong MG: Date signed 3/13/18

MAR 19 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Injured at work?

STALBANA	2411 N. Charles St., Baltimore	02351
	CERTIFICATE OF DEATH	Reg. Diat. No.
City or town (If outside city or town limits, write RURAL and	2. USUAL RESIDENCE (HOM (For mewborn infants give reaid State Stat	1E) OF DECEASED: ence of mother) County DeceaseD:
How long in above place of death?	Street No	en limit, write RUR, and give nearest town)
3. (a) FULL NAME HENRY	Phitre meior	3. (b) Social Security Number
4. Some S. Color or race 6. (a) Singly married.	widowest or diversed MEDICA	AL CERTIFICATION
6.(b) Name of husband or wife	Pre	date above stated; that I attended deceased from 19.45, to 20.00.19. 20.00.19.
83 3 2	than one day Immediate cause of death hrs. min. Day o eardial Due to	failure - due b 4 wh
10. Usual occupation	nusal Due to. Due 5	Semily
12. Name Christopher Ofily 13. Birthplace	Benneier Diher conditions	vithin 3 months of death)
14. Malden name	Ond . Major findings of operations.	
16. Interment Ilm Seller	M. A.	se to which death should he charged statistically.
17	22. VIOLENCE: It death was due to ext month) (day) (yesr) Accident, suicide, or homicide	Date of
Complery of crematory St. Lakes OL	Where did Injury occur?	r town) (County) (State)

Injured at home, farm, Industry, public place (where?) ...

Mesns of Injury

.D. Registrar Address 110 3. Cenfre 2

PLEASE WRIT

Address

19. (Date rec'd by registrar)

MAR 17 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02352

CERTIFICATE OF DEATH

	Keg. Dist. No.
1. PLACE OF DEATH: alleasny	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Oily or town	State Manyland County allegand
ow long in above place of death?	City or town (Coursidecity or town limits, write RURAL and give pearest town)
ospilal, Institution, or street address where death occurred	Street No. Of aterdliffe
graniceffe	(If rural, give LOCATION)
ow long in hospital or institution?	. 2.(a) If veleran, name war.
Eurna Mr millau Porter	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fiemale White married	20. DATE DF DEATH
5.(b) Name of husband or wife Shu et. Porter	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
. Birth date of	and that I last saw h 2.7 alive on 194
deceased (mo., day, yr.) Secenter 31, 1875	Immediate cause of death DURATION
B. AGE: Years Months Days If less than one day 72 2 6	Congrating heart failure
a in AM as for DM	7 200
(Town, county, and state)	Algoetime - Arteriorelinos
D. Usual occupation toudenock	Due 10
1. Industry or business Quin Frome	
12. Name James on " millan	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name annie Conyers 15. Birthplace Mit Savaget and.	Major findings of operations
15. Birthplace Mit. Savagel and.	Date of op.
6. Informant John Porter	Aotopsy resolts
Address Samuconines and.	PHYSICIAN: Please onderline the caose to which death should be charged statistically.
B	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?) Date thereot	Accident, suicide, or homicide
Cemetery or crematory S. E. Marys Connettry	Where did Injury occur?
Location Lemaconing, and	Injured at home, farm, Industry, public place (where?)
18. Funeral director Malichhom	Maens of Injury Injured at work?
Address Longconing and	Brus Eugen Arus Mr
man ut standard on and	23. SIGNATURE M. D. or other
19. (Dake rec'd by registrar) 19. (Dake rec'd by registrar)	F Address Longround The Date signed 3/8/48

MAR 19 1948 BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02353

Reg. Diat. No..

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County			L	Ma area I a sa d	Allecons	
City or town Of Cumberland Cuma (If outside city or town limits, write RURAL and give nearest town)			wal	Sizie	uoty	
How long in above place	utside city or town in	Yra 1	16 11 Days	City or town law Cumberla	nd the	net town)
How long in above place Hospital, Institution, or	of death?where	death accurre	A. / *	Bedford Road	T ()	3
nospital, institution, or	Bedford Ro	ad R	F. D. 3.	11 SIFE AU	e LOCATION)	
***************************************		/			E LOCATION)	
How long in hospital or		**************		2.(a) If veteran, name war		
3. (a) FULL NAME			*		3. (b) Social Security	Number
	My	rtle	Mae Porter		None	
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
F'emale	White		Married	20. DATE OF DEATH March 3	19. 48	at 6-45 P
6.(b) Name of husband	Eri	nest C	. Porter	20. I DERTIFY that death occurred on the date ab	ove stated: that I attended dece	and from
P'(O) Water of unapage	01 WINE		64	andeary 19	4/ to March	23 19 40
7. Birth date of			(e) If alive, give age	and that I last saw here anye on	March 2	19 48
deceased (mo., day, y	r.) Jamus	ary 22	1895	Immediate cause of death	_	DURATION
8. AGE: Years	Months	Bays	If less than one day	Cas a	m d	
53	1	11	hrs min.			
9. BirthplaceCum	nberland, (Town,	Allega:	ny Co, Maryland	Due to Trimary salai care	more of brea	4
1B. Usual occupation		nous	<u>e</u>	Bue to		
11. Industry or business		**		-		
至 12. Name	N ath	an Joh	nston	Other conditions	***************************************	
12. Name	Cumber			(Include pregnancy within 3		
14. Maiden name	Mayme	Seader	8			
TO 14. maile manne	Cumberl			Major findings of operations		***************************************
					Date of op	
16. Informant	Ernest C	. Port	er	Actopsy results		
Address Bedfo	ord Road,	Cumber	land, Md.	PHYSICIAN: Please noderline the cause to v		statistically.
				22. VIOLENCE: If death was due to external ca		
17. Bur:	181	Bate the	reof3/6/48 (month) (day) (year)	Accident, suicide, or homicide	Date of	
(Durier, Cremeton,	Zion Ne		Park Cemetery	Where did injury occur?(City or town)		(Ctota)
Cemetery or cremato	ry	landa.a.aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	a Va			(State)
Location	Cum	nerian	tu e totte	injured at home, farm, industry, public place (Injured at work?	.,
18. Funeral director	Willi	am H.	Kight	Means of injury	All all works	201
Address	Cumber	land,	Hd.	Beiles.	Lunter	THA
19. March	5 19.48 gistrar)	· 6	A. Trauk, M.L.	23. SIGNATURE	of Md Bata sized	or other /48
Date rec'd by reg	gistrar)		/ Registra	Address	Bate signed	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

	•
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegary	(For newborn infants give residence of mother)
City or town of roeth fur a	State Mary Cand County Alegary
(If outside city of town limits, write RUTAL and give nearest town)	City or town 1. Midlam A
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
Three Hospital	(If rurat, give LOCATION)
Hew long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary S. Leinen Prest	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hierar Ala ald it al dans	1 21 2 40 00
The the state of t	20. DATE DF DEATH
6.(6) Name of husband or mile to that as an greater	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	3/2 1948 10 3/2 1948
7. Birth date of	and that I last saw h C.Y. alive on 3 / 2 19 48
deceased (mo., day, yr.) White did, 1900	Immediate cause ut death OURATION
8. AGE: Years Months Days If less than one day	Oscal and Heaven lines
4/ /0 /0 hrsmi	in.
- Pl 11- CM AC	7
9. Birthplace Town, county, and stage	de to Hyperlenson
(10wn, county, and staye)	2 01
10. Usual occupation	Due to
11. industry or business Own I male	
El a Maria Carriaga Mariana	
12. Name Benjamin Frims 13. Birthplace	··· Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Barbara Straffr 15. Birthplace Enille, Phime's Mills	
Si ion min in an in	Major findings of uperations.
15. Birthplace Willes Anne & Miller	rug, MS. Date of op.
18. Informant Mrs. Co. ttol. Slanger John	Autopsy results
Address Fransthyes And	PHYStCtAN: Please underline the cause tu which death should be charged statistically.
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22-VtOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did Injury occur?
Cemetery or crematory	Where did injury occur?
Location Lisostthing Condi.	tnjured at home, farm, industry, public place (where?)
on & Tight said	Means of Injury Injured at work?
18. Funeral director	
Address Landconing, Old	20 (20) 8 20 2 AND
201 1 100 D. A. W. K.	23. SIGNATURE M. D. or other
19. 3-6 19 40 Mus. Keeley X/ Ms	2 Poracous and 21/140
(Date rec'd by registrar) legist	Address Date signed

MAR 9 1948
BUREAU V. S.

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

WITH UNF important.

especially

WRITE

PLEASE

A15

FOR BINDING

RESERVED

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02355

DR. WILSON

CERTIFICATE OF DEATH

eg. Dist. No.

nearest town)

ty Number

ed statistically.

(State)

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence o	OF DECEASED:
County ALLEGANY City or town CUMBERLAN (If outside city or t	D. MARY	LAND URAL and give nearest town)	State MARYLAND C CUMBERLAN (If outside city or town limi	Ounty ALLEGAN
How long in above place of death? Hospital, institution, or street address	45 Ars	mo co naya	(If outside city or town limit	
MEMOR	IAL A	repetal	Street No. 129 MAPLE ST	re LOCATION)
How long in hospital or institution?	3 DAYS		2.(a) If veteran, name war	
3. (a) FULL NAME			2(-)	3. (b) Social Securi
5. (a) POLL NAME				
GREYNOLD F	FUSCHEL	e, married, widowed, or divorced	The state of the s	212-18-117
4. Sex 5. Color or rac	5.(a)5mg1	e, maines, wisewes, of anotees		CERTIFICATION
FEMALE WHITE	SE	PARATED	20. DATE OF DEATHMARCH6	19.4.
7. Birth date of	6.(c) if alive, give age 48	21. I CERTIFY that death occurred on the date a	bove stated; That I attended d
deceased (mo., day, yr.) JUI 8. AGE: Years Months	Days	if jess than one day	Immediate cause of death	mig & shor
45 8	23	hrs	following	
			al de la	1.1
9. Birthplace MARYL	lown, county, and	MDEFLAMO.	Du lo.	
1D. Usual occupation	Spin	ner	- dra VI	- /- V-
a.		rporation	Oue to	(m)
II. Industry or desimose				
12. Name CHARLES W. VA .			Other conditions	A
14. Malden nameHERSI	MAN. AL	FRETA		
14. Maiden nameHERSI	W.VA.		Major findings of operations	
16. Informant	Raymond	Snyder	Antopsy results	which death should be chars
Address 444 Columbi	a St. Cur	mberland, Md.	22. VIOLENCE: If death was due to external c	
17. Burial (Burlal, cremation, or removal, V	Date the	eof 3/9/48 (month) (day) (year)	Accident, suicide, or homicide,	Date of
Cemetery or crematory	Rose Hill	Cemetery	Where did injury occur?(City or town) (County)
		Md.	injured at home, farm, Industry, public place	
18. Funeral director Will	iam H. Ki	ght	Meens of Injury	injured at work?
	and, Md.		T MILLI	- 1
19. March 9 19. (Date rec'd by registrar)	1 .	R. Trank, M. A.	23. SIGNATUTE	/ My Date sign



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

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MARGIN RESERVED FOR BINDING

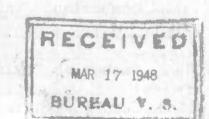
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02356

CERTIFICATE OF DEATH

-	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County Allegany	A 1 1 0 momes
City or town Cumberland Md. (If outside city or town timits, write RURAL and give nearest t	
How long in above place of death?	City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 19n Valley St.
	#
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Samuel Tawrence Reynolds 4. Samuel Tawrence Reynolds 4. Samuel Tawrence Reynolds 4. Samuel Tawrence Reynolds	705-07-9543
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
male white widower	20. DATE OF DEATH. March 8 19.48 21 10 . 30 N
6.(b) Name of husband or wife / Wary Pendegast	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	and that I last saw him. ally Dead March 8
deceased (mo., day, yr.) Aug. 8-1874	Immediate cause ol death
8. AGE: Years Months Days If less than one day	Chronic myocarditis several
73 7hrs	years years
9. BirthplaceCumberlandMd	
10. Usual occupation, retired B&O.R.Ry. foreman	Due to
11. Industry or business	garatican conforming to manal
12. Name Zachariah Taylor Reynolds 13. Birthplace	Diher conditions Cardiovascular & renal sclerosis also hypertention (include pregnancy within 8 months of death)
14. Maiden name Mary Magdelene Gift 15. Birthplace Md.	
	Date of op.
16. Informant Mars Granges Christe	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, eremation, or remoral. Which?) (Burial, eremation, or remoral. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; (year) Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Per der land	Injured at home, farm, industry, public place (where?)
Location	Meanwilling Medical Examineralized at willingary Co.
18. Funeral director Astronomy	
Address Confished	A 23. SIGNATURE H. V. Deming M. D. H. V. Somy M. D.
19 Mar! 10 19 48 Wester R. Frank	
(Date rec'd by registrar)	Registrar Address Cumber and Md. Date signed 3-9-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		-1	107	-	-

02357

CERTIFICATE OF DEATH

Reg. Diat. No......

How long in above place Hospital, institution, or	Cumbe counside city or town of death?street address where any County r institution?	75 Year death occurred Infir	CURAL and give nearest town) S i: mary eks		mother) Allegany l ts, write RURAL and give n	nearest town)
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White		Single	20, DATE OF DEATH March		9-25 P
	yr.) Janu	ary 16		and that I last saw h	48 10 hear.	2 8 19 48
8. AGE: Years	s Months	Days 12	If less than one dayhrsmin.	Immediate cause of death my o cardial	ailure	3/2 day
10. Usual occupation 11. Industry or busines H 12. Name	Reg Seorge George Saral Mai	Nursing Robb Robb Robb Robb Robb Robb Robb Robb	d Mursė	Due to Sendity Due to Sendity Other conditions (Include pregnancy within 3		
t6. intermant	marry 1	lanson stburg,	Md.	Autopsy resolts		
tI	rial or removal Which Alle Fro William Cumbe	gany Cestburg, H. Ki	metery Md.	22. VIOLENCE: If death was due fo external ca Accident, suicide, or homicide	(County) where?)	(State)
19 MMCM	29 1948	w	K. Jaup M. A	Address 110 5. Centre &	Oate signe	3-29-48





WITH UNFADING INK. Supply every item of information carefully. The kimportant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02358

CERTIFICATE OF DEATH

/				21051	
City or town Alle	Allega	ve Con mits, write R	BB47 a Ad Md. URAL and give nearest town) Wal	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	Zany Tana Tra- nd give nearest town)
3. (a) FULL NAM			•••••••••••••••••••••••••••••••••••••••	All Control of the Co	Security Number
J. (a) TOLL MAIN		D D a	h h	3.(0)	Parl (
4. Sex	William 5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICAT	ION
male	white	mar	ried	20, DATE OF DEATH March 5	
	767.4.7		ilson Robb	21. I CERTIFY that death occurred on the date above stated; that I at	
5.(6) Name of husband	OF WITE		***************************************	19, to	
7. Birth date of			c) If allve, give agey	and that I last saw h im a Dead March	
deceased (mo., day,		5, 18'	It less than one day	Immediate cause of death	
8. AGE: Year				Angina pectoris	
76		20	M.2	nin.	2years
9. Sirthplace	Gas &	Oil	state) Business Okera	to Due to arteriosclerosis	severa.
E	Scotl			Dther conditions	
	Josephin		fe	(Include pregnancy within 3 months of death)	
14. Malden name 15. Birlhplace				Major findings of aperations	
	Maryl	_			ot op
16. Informant Mr				Antopsy results	he charged statistically.
	D.#1 Cumb			es THOLENCE, là doct brond due fe external courses, till le the toile	
17 Buria, (Burial, cremation] n, or removal. Which?		eof	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cem .			Cem .	Whera did injury occur?(City or town) (Count	y) (State)
Location	Cumberlar	d, Md		Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Chanles		orge	Maens at Injury Injured a	work?
Address	Cumberla	and. M	la.	40.6	7 2 5
marial		- /	f trant m 1	23. SIGNATURH V. Deming M.D.	M, D, of ver
(Date rec'd by r	1 19 4 8 egistrar)	// /	Regist	trar Address Cumberland Md.	late signed 3.5.48

MAR 17 1948
BUREAU V. S.

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MARYLAND STATE	DEPARTMENT	0F	HEALTH	Dr	P.	R.	Wilson 0235
			485		-		

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	state aryland county Allegan	37
City or town		
How long in above place of death?	City or town	est town)
Hospital, Institution, or street address where death occurred: State Road	street No. Eutaw Street	
***************************************	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME DAVID GEORGE ROBERTSON	3. (b) Social Security N 181-10-8073	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1101100
Male White MARRIED MARRIED	20. DATE DF DEATH. March 35 19 48	11.45A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended degeas	ed from
VioleT ROBERTSON 6.(c) If alive, give ageyears		19 10
7. Birth date of deceased (mo., day, yr.) December 16, 1876	and that I last saw h. [19.7.3
8. AGE: Years Months Days If less than one day	Pulmenty Edema	DURATION
71 3 9min.		1.0-7
	Due to Chronic Mypeoraltis sand	*****************
s. Birthplace Lonaconing, Allegany, Maryland	MUDELLA DEGENERATION NUT	
10. Usual occupationJanitor	specified as whereastis	2 feets
11. Industry or business aper, Mill		
	Other conditions. Asthme	2 /Buts
12. Name George D. Robertson Scotland	•	
	(Include pregnancy within 3 months of death)	
14. Maiden name Katherine Symons 15. Birthplace England	Major fiedings of operations	
16. Informant Joseph Robertson	Date of op	
F1 - 144 -	Autopsy results	tatistically.
Address arton, Taryland	22. VIOLENCE: If death was due to external causes, fill in the following:	ina
Burial Date thereof March 27, 1948 (month) (day) (year)	Accident, suicide, or homicide	748
Cemetery or crematory _aurel Hill _emetery	Whers did injury occur?	(State)
Moscow Maryland	Injured at home, farm, Industry, public place (where?)	
	Msans of Injury Injured at work?	
18. Funeral director. Ellsworth S. Boal	Roam/o min	
Address Westernport, Maryland	23. SIGNATUR CAULTY/Non 17.	····
10 Mar. 27 , 48 Monotules for MD	М, В, от	
(Date rec'd by registrar) Registrar	Address Pleament Wales Date signed	5 40-10

MAR 29 1948



7. Birth dete of

8. AGE: 80

deceesed (mo., dey, yr.)

11. Industry or business

14. Maiden ne 15. Birthplace

Cemetery or cremetory

(Date rec'd by registrar)

Address

(Burial, cremation, or removal, Which?

TE DEPARTMENT OF HEALTH

02360

Reg. Dist. No.

4.00 m	yate a,	2411 N.	E DEPARTMENT OF HE
1. PLACE OF DEA	ATH:	CERTIFIC	2. USUAL RESIDENCE
How long to above piece of Hospital, institution, or Memorial H	erlandof deeth?street address when	ilimits, write RURAL and give nearest town re death occurred: pproximately lo hours	State Aryland City or town Cu (If outside c Street No. 852 Camdo
3. (a) FULL NAME	GE J SC	HRAMM	
	5. Color or race White	6.(a)Single, married, widowed, or divorced Widower	M 20. DATE OF DEATH March
6.(b) Neme of husbend	or witeVia.	La Lingo	

January 21.

10. Usuel occupation Retired

Germany

Cumberland, Maryland

16. Informant memorial Hospital

(Town, county, and state)

12. Neme John C. Schramm

Wilhelmina ---

It less then one dev

	2. USUAL RESIDENCE (HOME) OF	DECEASED:	
1	statMaryland coul	y Allegany	
	Clty or town		
-	2.(a) If veteren, name wer		
		3. (b) Social Security	Number
		Mone.	
Ī	MEDICAL CE	ERTIFICATION	
1	Warnsh K	1.0	
-	20. DATE OF OEATH March 5,		
	21. I CERTIFY that death occurred on the date abo	ve stated; thet I attended dece	eexed from
ı	3- 5- 19	4310 2	19.47
	end fhef I lent sew h A lettre on	2 2 -	19.7.6
	Immediato cause of death		OURATION
	Due to.		15
	Onvono	742	10.
	Due fo		2 = 0.00.00.00.00.00.00.00.00.00.00.00
		*****	**
	Dther conditions	***************************************	* *************************************
	(Include pregnancy within 3 n	nonths of death)	
	Major fiadiugs ul uperations	men	77
		Dete of op.	unc
	Autupsy results	ich death should he charged	
	22. VIOLENCE: tf deeth wes due to externel cau		
	Accident, sulcide, or homicide,	Dete of	***************************************
	Where did injury occur?(City or town)	(County)	(State)

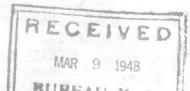
Injured at home, farm, Industry, public place (where?)

Meens of tnjury

Registrar

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02361

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County College	(For newborn infants give residence of mother)
City or town (if outside city or town lipits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	
	Street No. (I Long Location)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles J.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or directed	MEDICAL CERTIFICATION
)	1 1 1 1 1 1 1 1 1 1
Male wrill married	20. DATE OF DEATH / March 14- 1948, 21 9:30 P.
6.(b) Name of husband or wife Statistic Tenix	21. I CERTIFY that death occurred on the date above slated; that I aftended deceased from
6.(c) If alive, give age 78 years	March 10 19 48 10 March 14 19 48
7. Birth date of	and that I last saw h / M alive on March 14 1948
deceased (mo., day, yr.) 8. A.G.E. Years Months Days It less than one day	Immedia Druse of death DURATION
	Circoral Alemorrhage 3days.
86 2 3hrs. min.	
9. Birthplace Trenting	Due to Mascular Ay per tension of
9. Birthplace	Eng.
10. Usual occupation Reliand Ocal Brings	Due to.
11. Industry or business	1 1
12. Name / Manager	Other condillons / Mocarottio & Cheonic To
12. Name	Nephritis
	(Include pregnancy within 3 months of death)
HI 14. Malden name I I I I I I I I I I I I I I I I I I I	Major findings of operations.
El 15. Birthplace	Qate of op.
16. Informant Ind Saul Martine	Autopsy results.
Address In I. Same had	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) Date therea. (month) (usy) (year)	Accident, sulcide, or homicide
Cemetery or crematory Poster Cemeters	Where did injury occur?
foll of the	
Location Couper was Olmulage	Injured at home, farm, industry, public place (where?)
18. Funeral director Jacob Dafett	Msens of Injury Injured at work?
Address Averthe a how	1 5 x x
21 de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya dela companya de la companya de la companya dela companya de la companya dela companya de la companya dela	23. SIGNATURE William 2. Mosely M. D. of ther
19 0//6 - 1948 Veforesa M Dernitt	M. D. of other
(Vate rec'd by registrar) Registrar	Address Date signed 16 770

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MAR 22 1948

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFIC	CATE OF DEATH Reg. Diat. No.
County Outside City or town limits, write RURAL and give nearest town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State
(If outside city or town limits, write RURAL and give nearest town how long in above place of death?	City or town (1f outside city or town, limits, write RURAL and give nearest town) Street No. O Luke City
Sylvan Cellulation of Institution?	(If rurul, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME anna as	3. (b) Social Security Number
4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divorced timale Martie Single	MEDICAL CERTIFICATION 20. DATE OF DEATH NAMED 17 19 48 21 9 1
S.(b) Name of husband or wife	19 96 10 10 19 19
7. Birth date of deceased (mo., day, yr.) Physic 10 1875 8. AGE: Years Months Days It less than one day	and that I last saw have alive on the last saw have alive on DURATI
77 11 7hrs.	
9: Birthplace (Town, county, and state) 1D. Usual occupation (Town, county, and state)	Due to due to Senility
11. Industry or business	Deta
\[\frac{1}{2}\] 13. 8irthplace \[\frac{\beta_{lymany}}{\pi} \]	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Amita 15. 8irthplace Symmetry	Major findings of operations
16. Informant mas Ennue Sell Address Eunherland	Autopsy results. PHYS1CIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removed, Which?) Date thereof. (month) (dax) (yes	
Location Comments of Comments	Where did Injury occur?
18. Funeral director. Lyno Stein One	Means of Injury Injured at work?
March 18:048 W. F. Nauk.	23. SIGNATURE Continue f. Joseph M. D. or other Address //o 3. Contre 3f. Date signed 3-18-4



MAR 23 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02363

CERTIFICATE OF DEATH

			,/
Per.	Dist.	No.	4

1			CERTIFICA	IL OF DEAT.		Reg. Dist. No.	
1. PLACE OF DEA	ATH:	econy	dr	2. USUAL RESIDENC	E (HOME) 0	F DECEASED:	
County Allegany Cumberland City or town (If outside city or town limits, write RURAL and give nearest town)			State W. Va. County Mineral				
			State	Cou	inty		
Ham lass Is above aloss	of death?	Week		City or town	al riage	eley, W. Va	L .
Macaltal Inciliation or	street address where	death occurren	d:		D # 7		
A.	llegany	Hospi	tal	Street No	(Ifrurul, give	LOCATION	
How long in hospital or	7	Week		2.(a) If veteran, name war.			V
		***************************************		2.(0) II veterall, italie was .			
3. (a) FULL NAME						3. (b) Social Securi	
	Sop		ane Senn			Nor	ne
4. Sex	5. Color or race	6.(u)Singl	e, married, widowed, or divorced		MEDICAL CI	ERTIFICATION	
Female	White	W	idowed		Mar	30, 19 4	8 7:35A
	1						
6.(b) Name of husband	or wife. Hans	on J.	Senn			ovo stated; that attended d	
			c) It alive, give ageye	mah	/	45 10 Mul	15 t. f.
7. Birih date ot				and that I last saw h. A.	alive on Mu	-h 3 0	19.44
deceased (mo., day, y				Immediate cause of death		,	DURATION
8. AGE: Years		Days	It less than one day	0 +	00	A	310000
6	0 7	28	hrsm	n. Morto	cur	hors	Jeans
	Hampshir	e Co.	W. Va.	Due to			
	(Town	, county, and	state)				*****
1D. Usual occupation	Housew	ife					
				Due to		***************************************	
11. Industry or business							
				Other conditions			••••
13. Birthplace	W. Va.						
E	Martha	Morel	and	(Include)	pregnancy within 3 1	months of death)	
14. Maiden name 15. Birthplace				Major findings of operation	04		
≥ 15. Birthplace	W. Va.	1 1 3		_			************************
16. Interment	r. Olive	r W.	Senn	Autopsy results	mt.	issland	-
						hich death should be charg	ed statistically.
			. W. Va.	22. VIOLENCE: If death w	ras due to external cau	uses, till in the tollowing;	- 63
17 Buria	or removal. Which	. Date ther	eot Apr. 1, 1948 (month) (day) (year)			Date ot	

			ery	Where did injury occur?	(City or town)	(County)	(State)
Location	Old Furn	ace,	W. Va.	Injured at home, farm, Indu	stry, public place (w	here?)	
				Meens of injury		Injured at work?	
18. Funeral director	OHAT.1	es L.	George			0 0	6
Address	Cumb	erlan	d, Md.		2 m	As la	d la tos
91.0		. /	1 + + M	23. SIGNATURE	J. J	J. L.J. W.	D. or other
19 Bril	19.48	w	K. OYOUB, M. Registr	11/	Greene	er	Maril 3/1/4
Date ree'd by red	TRITATI		/// Registr	as seafing as			Cultural Comment of the Control of t

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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APR 3 1948

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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	
City or town (If outside city or town limits, write RURAL and give nearest town)	state Md county Allegany
How long in above place of death? about 2 min.	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred:	Street No. 111 Weber St.
111 Weber At.	(If rural, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME Balry Gerl Shrout	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white single	20. DATE DF DEATH March 23 19 48 21 10
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) if alive, give age	March 23 19.48 16.3.23.
T. Birth date of	and that I last saw h. E. F alive on III. E. C. (1
deceased (mo., day, yr.) 3, 23-48 8. AGE: Years Months Days If less than one day	Immediate cause of death
0 0 0 Amairs. 2	Premature seperation of abo
0 1 0 1 0	
9. BirthplaceCumberlandAlleganyCoMd	Due to
1D. Usual occupation	Post 6
11. Industry or business	UUS 10
	Dther conditions Mother stated she had
Everett W. Shrout 13. Birthplace Morgantown W.Va.	uterine bleeding about 2 weeks (Include pregnancy within 3 months of death)
14. Maiden name Freda Loretta Potts	
14. Maiden nameF.T.C.U.G	Major hadiogs of operations
14. Maiden name Freda Loretta Potts 15. Birthplace Flintstone Md. 16. Intermant Parents	Date of op.
16. Interment Parents	Autopsy results
Agagess 111 Weber St. Cumberland Md.	
17 (Burns) cremation, or removal Which?) Date thereof. 3/2 4/4 8 (month) (day) (year)	22. VfOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burnar cremation, or removal Which?) (month) (day) (year)	
Cemetery or crematory Tagles Buseauc House	Where did Injury occur? (City or town) (County) (State)
Location Currentlemed THE	injured at home, farm, industry, public place (where?)
18. Funeral directellullun HTCGET	Misens of Injury Injured at work?
Address Cumberland Held	23. SIGNATURE H.V. Deming M.D. H.V. Daning
March 24,048 hor dant, m.	M. D. or
(Date rec'd by registrer)	Address Cumberland Md. Date signed - 21

1. 11. 1

MAR 30 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02365

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og.	Diat.	No.	 7	

CERTIFICA	Reg. Diat. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County algering	(For proborn infants give residence of mother)	
City or town. (If systide city or town limits, werte RUKAL and give nearest town)	State County County	yang
How long in above place of death?	City or town (If outside city or town limits, write K RAL and give pear	
Hospital, Institution, or street address where death occurred:		es town)
marine Otherital	Street No. 125 Sanger	
3 7 7	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security N	neshar
T /)	Ph 1	emper
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divoced		
3. Color of face o. (d) single, married, windwed, of diffaces	MEDICAL CERTIFICATION	- ()
oran la met to and	march 16 40	520
The transfer	20. DATE OF DEATH	AN
6.(b) Name of husband or wife Loone Shedmore	21 I CERTIFY that death occurred on the date above stated; that I attended deceas	ed from
	may 1944 to march	16 19 X8
7. Birth date of	ars and that I last saw h Su alive on march 15	19 XS
deceased (mo., day, yr.) Jan 9 - 1906		156.22.
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
11/3/ 6 7	Lobar preumonia	I wre
7CF 2 hrsml	in.	
m. Iletti alle		***************************************
9. Sirthplace (Town, county, and state)	V. Due 10	***************************************
, 0		
10. Usual occupation.	Oue to	
11. Industry or business		
12 Name alexander ha Lea		
	Other conditions	***************************************
	(Include pregnancy within 8 months of death)	
14. Malden name 21. Cary States	(Include pregnancy within 3 months of death)	
E CE / C	Major findings ol operatioos	
E 15. Birthplace Congluston	Date of on.	
() / B She do sere		
16. Informani	Actorsy resolts	atistically
Address 125 Donery St. Trosthing.	Wat I leave dodernoe the cause to which death should be charged so	tueticany.
13 0 1 3-10 11/11	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. I lyguary of landles	Where did Injury occur?	(State)
Location to the state of the st	Injured at home, farm, Industry, public place (where?)	
LUCATION		
18. Funeral director lacate	Mesns of lightry Injured at work?	
	11100	ma. 1
Address Thesthery mo	23 SIGNATURE AT da seuricas org	M
3-10 CLC VIV. Vand X/X	M. B. or	other
(Date rec'd by registrar)	at Address 100x bring med min signed ?	3 1187
, and the same of	Manicos	# #

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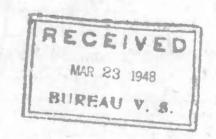
CAINLY, WITH UNFADING INK. Supply every item of information carefully. The con-especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERT	CIFI	CA	TF	OF	DE	TH
CLIX.		-a	1 14			2 4 1 1

Reg. Diat. No.

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County	State West Virginia County Mineral City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death? Hospital, institution of the property of the plant occurred: Memorial Hospital How long In hospital or institution? Dead on larrival	Street No
3. (a) FULL NAME	3. (b) Social Security Number
LOUIS M. STALLINGS	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DF DEATH March 7, 19 48 at 8:05P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6. (c) If alive, give ageyears	
7. Birth date of	and that I last saw him xxx dead 19
deceased (mo., day, yr.) Feb. 25 1884	Immediate cause of death
o. AGE:	Coronary occlusion about
04	25 minute
9. Birthplace Spring Gyp Md. (Town, county, and state)	Due to
10. Usual occupation Trucker	
	Due Io
11. Industry or business	
	Other conditions
	(include pregnancy within 3 months of death)
14. Malden name. Onna Twiss. 15. Birthplace Md.	Major findings of operations
	Date of op.
16 Informant & Disin H. Stallings	Autopsy results
Address Thomas Street Cambuland Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
V . 0 , W. 1 9 1018	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof Much 10 1948 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory W. Memon Cemetery	Where did injury occur?
Cumbuland (Rund) Ma.	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	seputy Medical Examiner - Allegany Oc
Address Cumbaland Md.	23. SIGNATUREH. V. Deming M.D. A. V. D. og Dung
market 48 Mesterk Basts m. A.	Cumberland, Md. M.D. of 3.8.48
(Date read by paristrar)	Address Date stened

MAR 17 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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200	Dist	No	D

CERTIFICAT	TE OF DEATH Reg. Dist. No. 8
County City or town How long in above place or death? Hospital, institution, or street address where death occurred. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County County City or town County City or town limits, write RURAL and give first of the county City or town limits, write RURAL and give first on the county City or town limits on the county City or
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(2) Single, married, wildowed, or divorced Hernale Ahite Child	MEDICAL CERTIFICATION 20. DATE OF DEATH. 2 4 Novel 19 48 31 5:15 P
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
11. Industry or business 12. Name 12. Name 13. Birthplace 14. Maiden name 13. Maiden name 14. Maiden name 15. Maiden name 15. Maiden name 15. Maiden name 16. Maiden name 16	Other conditions
16. Informant All Assembles Address 17. Bandal Date thereof (Assemble) (148) (Burial, cremation, or removal. Which?)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Hand Statement Continued Co	Where did Injury occur? City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE DD D D D D D D D D D D D D D D D D D
Day 26 1948 Janeto My Bayl Registrar	Address 2 Brown Duray Date signed 2 4 man.

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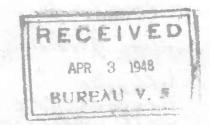
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Rng.	Diat.	No.	J

CERTIFICAT	E OF DEATH Rag, Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For Sewborn infants gir) residence of mother) State County City or town (If outside city or town limits, write RUPAL and give nearest town) Street No. (If rural, girle LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION 20, DATE OF DEATH PARAL 31 19 48 at 6 3 PM
6.(b) Name of husband or with Ann. A. Atribation of the state of the s	20. DATE OF DEATH
8. AGE: Years Months Days if less than one day 64 0 7	DURATION Due to Due to
11. Industry or business A	Other conditions
16. Informant	Antipsy results PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Observations 18. Funeral director Johns Stein Sac Address Completed Ind. 19. Data recid by registrary Registrar Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Tripured at work? 23. SIGNATURE M. D. or other, Address. Date signed



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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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M Com	W _d	12	50	,

02369

CERTIFICATE OF DEATH

/	Atog. Distr. Morning
1. PLACE OF DEATH: County Allegany City or lown (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death? Hospital, institution, or sireet address where death occurred: Allegany Hospital How long in hospital or institution? 2 Days	Street No. 133 Wood St. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Mary Agnes Stuart	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Merch 2 1948
6.(b) Name of husband or wife Robert Stuart 6.(c) It alive, give age 73 years 7. Birth date of deceased (mo., day, yr.) August 7 1874	and that a last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Substitute yellow 9 hA?
9. Birthplace Westernport, Allegany Co, Maryland (Town, county, and state) House	Due to
11. Industry or business 12. Name	Other conditions
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Robert Stuart Address 133 Wood St, Westernport, Md.	Autopsy results
Burial Date thereof 3/5/48 (Burial, cremation, or removal, Which?) Cemetery or crematory St Peters Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Westernport, Md. Harold Fredlock	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
Address Piedmont, W. va. 19. March 3, 19. 48 W. Frank M. L. (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE W. A. Va Come M. D. or other 2 non 4 8

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02370

Des Dies No

3. (b) Social Security Number

1. PLACE OF DEATH: County Allegany CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HO) (For newborn infants give res

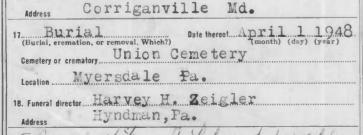
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
state Maryland county Allegany	
City or town Corriganville (If outside city or town limits, write RURAL and give nearest town)	
Street No.	
(If rural, give LOCATION)	
2.(a) If veteran, name war	

3. (a) FULL N.	AME			
	Jen	netta	Cleda Suder	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	
Fe	W	Ma:	rried	
6 (h) Nome of huel	band or wite	ill ia	m Suder	
D. (O) Manic OI masi	Tally of Wilcons		57	
7. Birth date of deceased (mo.,)	lay, yr.) April		e) If alive, give age	years
8. AGE:		Days	It less than one day	
5	11	16	hrs.	min.
9. Birthplace	Haysmill	s Pa.		
	(Town,	county, and	itate)	
10. Usual occupat	ionHouse	work	***************************************	
1t. Industry or but	iness			
H 12 Home	Henry Boge	r	***************************************	
五 12. Name	70			
-	Penna.			
04	Penna. Lydia	Dicke	V	

Corriganville
(If outside city of town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs.
Hospital, Institution, or street address where death occurred:

MEDICAL CERT	IFICATION	
20. DATE OF DEATH March 29	19. 48	
21. I CERTIFY that death occurred on the date above sta	ted; that I attended deci	eased from
and that I last sawa Land. alive on Man	, 10 .d. f. f. 1444	13 9
Immediate cause of death		DURATION
Carcino a	Con	2 700
Due la.		**
Due to		• • • • • • • • • • • • • • • • • • • •
Other conditions	# 0 # 0 # 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0	
(Include pregnancy within 3 month	s of death)	
Major findings of operations		
	Date ot op	
Autopsy results	eath should he charged	statistically.
22. VIOLENCE: It death was due to external causes, f	ill in the following:	
Accident, suicide, or homicide	Date ot	
Where did Injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (where?)	************************	



₽enna. William Suder

(Date rec'd by registrar)

23. SIGNATURE M. D. or other
Address. Date signed 3/3

Means of Injury

Injured at work?

APR 24 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

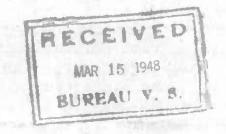
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CERTIFICATE OF DEATH

Reg. Dist. No.

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			.4	r.	ı				٠						

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	est town)
Henry J. Sweene 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
		about
male white married	20. DATE OF DEATH. March 8 19 48.	
5.(6) Name of husband or wife Edna Uhl Sweene	21. I CERTIFY that death occurred on the date above stated; that I attended deceas	
7. Birth date of	aed that I last saw h im ally Dead March 8	
7. Birth date of deceased (mo., day, yr.) Aug. 2- 1879	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	Coronary thrombous 1	
68 7 5hrsmin.	The state of the s	
9. BirthplaceMtSavageMd 10. Usual occupationretired, was a stationary 11. Industry or business engineer for C&P R.Ry.	Due to. Coronary arteriosclerosis Due to.	5 weeks
E 12. Name John A. Sweene	Other conditions	
13. Birthplace Mt.Savage Md. 14. Malden nameChristine Hergott 15. Birthplace Wellersburg Pa.	(Include pregnancy within 3 months of death) Major findings of operations	
Address Cumberland Md.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged at 22. VIOLENCE: It death was due to external causes, fill in the tollowing;	tatistically.
17. Burial Oate thereof March 10 148 (Burial, cremation, or removal. Which?) Cemetery or crematory. St. Georges Cemetery	Accident, suicide, or homicide	
Mt. Savage, Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Mssns of Injury Deputy Medical Examiner - Allegi	any Ga
	Deputy Madical Examiner - Allegi	any out
Address Frostburg, Md.	23. SIGNATURE H. V. Deming M.D. H. V. Deming M.D. or	my M.D
19. 3-10 1948 Mes. Havey & Bus	M. D. or	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital of Institution?	Thomas 3. (b) Social Security Number Universe None
4. Sex 1. Sex	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) Sec. 31 186 Z 8. AGE: Years Months Days If less than one day 28 hrs. mi	Immediate ause of death DURATION Level Content of the state of the s
9. Birthplace (Town, county, and state) 1D. Usual occupation. 11. Industry or business Council Line (County)	Due to
12. Name	(Include pregnancy within 3 months of death) Major findings of operations
Address 34 Weber St Curberland W	Autopsy results PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory (Allagany Councils) Location	Where did Injury occur?
18. Funeral director Address 19. March 31. 19. 48. W.R. Franky, M. A. (Date rec'd by registrar) Registrary	23. SIGNATURE B, M. Slumble M. D. or other Date significant 31,0

RECEIVED

113411

APR 3 1948. BUREAU V. S.

CERTIFICATE OF DEATH

	Keg. Dist. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Clarysville Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death Rospital, institution, or street oddress where death occurred: Kitchen.at Carioca Garden, Clarysvi How long in hospital or institution?	Route 40
3. (a) FULL NAME	3. (b) Social Security Number 220-10-8803
Wilfred Vincent Tiche 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH. March 27 19.48 216.45P.
6.(b) Name of husband or wife Elizabeth Davis Tighe 6.(c) If alive, give age 36	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
## deceased (mo., day, yr.) De c . 13-1912 8. AGE: Years Months Days If less than one day 35 3 14 hrs.	Immediate cause of death DURATION Exsanguination, & Cardio-Pul- about
9. Birthplace Frostburg Md. (Town, county, and state) 10. Usual occupation Filtration Dept.	Shotgun wound in left chest.
11. Industry or business Celanese Corp. of Am. 12. Name	Other conditions bronchial asthma severa
14. Maiden name Lena Chambers 15. Birthplace Frostburg Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Elizabeth Davis Tighe Address Clarysville Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Burial Date thereof Mar. 30 148 (Burial, cremation, or removal, Which?) Cemetery or crematory St. Michael's Cemtery	Where did injury occur? Clarysville Allegaily Mo.
Frostburg, Md. J. R. Durst, Address Frostburg, Md.	Means of injury as above injured at work? yes, while Deputy Medical Examiner tending bar.
19. 3-30 1948 We Lauly A Regis	23. SIGNATURE H.V. Deming M.D. A. V. Demong M. M. D. or O'Ney Addres Cumberland Md. Date Signed 3.27-48

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SN

PLEASE

(Date rec'd by registrar)



Supply every item of information please write the causes of death cle

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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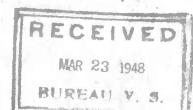
02373

DR. GRACIE

CERTIFICATE OF DEATH

Reg. Dist. No.

	Reg. Diat. No.			
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
Cly or town. CUMBERLAND, MARYLAND (If outside city or town limits, write RURAL and give nearest town) 33 days				
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 33 days	Street No			
3. (a) FULL NAME				
MRS. AMANDA TRAIL	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
FEMALE WHITE MARRIED	20. DATE DF DEATH MARCH 12 19 48 21 1:25A M			
6.(b) Name of husband or wife JAMES T. TRAIL	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of TANHADY 2 THE VEST OF THE STREET OF THE S	and that I last saw here alive on Zersen 12-44 18			
deceased (mo., day, yr.) JANUARY 3, 1997 4879				
8. AGE: Years Months Days if less than one day	Immediate cause of death College DURATION			
9. Birthplace MARYLAND Selle Thore (Town, county, and state)	Due to Ophistan, gallations			
1D. Usual occupation. HOUSEWIFE	Due to.			
11. Industry or business				
ISAAC SWAIN (DECEASED)	Dther conditions			
\$ 13. Birthplace MARYLAND, / Delle Grove	(Include pregnancy within 3 months of death)			
14. Maiden name INGEN NORRIS (DECEASED) 15. Birthplace MARYLAND, Washington Count.	Major findings of operations States in Gall Halle			
2 15. Birthplace Market D. Washing for Sunty	V Comment Date of op.			
Address Han Poste Floritatione Md	Antopsy results			
Bush it 1948	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur?			
Location Location and Language Language and Line Location	injured at home, farm, industry, public place (where?)			
18. Funeral director J. B. G. Hafe	Meens of Injury tnjured at work?			
March 15 48 lind Konto m.S.	23. SIGNATURE M. D. orgher			
(Date rec'd by registrar)	Address Cumhrle had Date signed \$15-48			



02374

Reg. Diat. No. ...

2411 N. Cha	DEPARTMENT OF HEALT
CERTIFICA	TE OF DEATH
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HC Siata Autual City or town (11 jutside city or Street No. (15
How long in hospital or institution?	2.(α) If veleran, nama war
3. (a) FULL NAME Carol Jesse Trim	ble
4. Sex 5. Color or gaca S.(9/S)hoe, marriad, widowad, or divorcad	MEDI
temale white Single	20. DATE OF DEATH Man
6.(b) Name of husband or wifa	21. I CERTIFY that death occurred on
7. Birth date of October 102/	and that I last saw h E.Baliva
8. AGE: Yaars Months Days If less than ona day	Immediate cause of death
11 5 2mi	Maria
9. Birthplace Mr. Parage allegary Md. 10. Usual occupation. Alterflered 11. Industry or passpass Public school	Due to
12. Name Jesse 6 Trimfle 13. Birthspala M. Javage md	Other conditions (Include pregnance
14. Maidan name Susanna / Rine Stenner	Major fiadings ol operations
2 15. Birthplace mr. Lavage Md	
16. Informant Lesse Risable	Autopsy results
Address My Javage Md. 17. Burial Date thereof than 13-1948	22. VIOLENCE: If death was due t
Burial, cremation, or removal Which? (month) (day) (year)	
Location My Davage Md.	Injurad at home, farm, industry, pul
O P Minist	Maens of Injury
Addrass A Trostlying Md.	Tiril
3-12 46 m. Maine &/ 120	23. SIGNATURE
19 0 19TO MILO GELLES	. MA Lau

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siata Dunty Dunty City or town (11 Jutside city or town limits, write RERAL and give nearest lown) Street No. (If rural, give LOCACION) 2.(a) If veleran, nama war.
3. (a) FULL NAME Carol Jesse Trim	ble 3. (b) Social Security Number
Temale White Single marriad, widowad, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. March 10 1948 315:55 P. M
6.(b) Name of husband or wifa	21. I DERIFY that death occurred on the data above stated; that I attended deceased from 19.48 to March 10 19.48 and that I last saw h = 8 aliva on March 10 19.48
8. AGE: Yaars Months Days If less than ona day	Immediate cause of death acute ne phritis 263
9. Birthplace W. Parage allegany Md.	Due to
10. Usual occupation	Due to
12. Name Jesse 6 Trimble 13. Birthyste M. Javage md	Other conditions X Lucaw Musical States of Control of C
14. Maidan name Susanual Wiestenner 15. Birthplage M. Davage Md	Major fiadings ol operations
16. Informant lesse Primble Address My Davage Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial, cremation, or removal Which? Date the tool Mar 12-148 (month) (day) (year) Remetery or crematory Area (excellence)	22. VIOLENCE: If death was due to external causas, fill in the following; Accident, suicida, or homicide
Location Parage Md.	(City or town) (County) (State) Injurad at home, farm, industry, public placa (whera?)
Addrass Trostburg Md.	22 SIGNATURE William & Mosely M. D
19. 3-12 1946 Mus Leicy W. Free Registrar	Addrass Mr Davoge, md. Date signed 111-1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

MAR 15 1948
BURFAL! V. S.

1. PLACE OF DEATH:

How long in above place of death?.....

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5c

2. USUAL RESIDENCE (HOME)

Maryland

2.(a) if veteran, name war

Other conditions.....

(For newborn infants give residence o

(If outside city or town lim

LaVal.e

02376

CERTIFICATE OF DEATH

	ECEASED			/	
moti					
unty	Alle	gan	У		
ho war	ite RURA	L and g	ive nes	rest tow	n)

3 (h) Social Security Number

	Institution,			h occurre e	d:	
How long	in hospital	or insti	ution?	 		

3. (a) FULL NAME			
	Paula	Waldstein	

Allegany

 	CERTIFICATION
	None
	J. (b) Docial Decarity Manager

(If rural, give LOCATION)

4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		
Female	White	Widowed			
6.(b) Name of husband	or wife Edmun	d Wal	āstein		
7. Birth date of deceased (mo., day,	yr.) May l		c) If alive, give ageyears		
8. AGE: Year	s Months	Days	If less than one day		
69	8	13	hrs, mln		
10. Usual occupation.	Hou	county, and	state)		
12. Name	Edward Wi Prague	***************************************			
14. Maiden name	Klementi Vienna,	Aust	ria		
16. informant Dr	. Elizabe	th Br	ings		

LaVale, Maryland

HillCrest Burial Park

Charles L. George Cumberland, Md.

Cumberland Md

Mar. 3,1948 (month) (day) (year)

Registrar

20. DATE OF DEATH	Mar.	1,	19. 48	ıt
21. I CERTIFY that death acco	urred on the date a	ove stated; to	Mars 1	ed from
and that I last saw h. L.	alive on M	ars	41	18.48
Immediate cause of death	of the	e gla	ysord	DURATION 2
Due to				•••••
***************************************				******************************
Due to				**************

(Include pregnancy within 3 month	is of death)
Major findings of operations.	Date of op. 11/21/4
Antonsy results	
PHYSICIAN: Please underline the cause to which	leath should be charged statistically.

22.	VIOLENCE:	If death wa	s due to external	causes, fill in the	following;
					0.11

Vhere	dld injury	occur?	(City or town)	(County)	(State)
			1		

leans of injury				Injured at work?	
	1 0.	1	11	111	

23. SIGNATURE, TORIZANI

M. D. of other

VS A15 9.45-15
PLEASE WRITE

PLAINLY is especial

Address

Address

Burial

(Date rec'd by registrat)

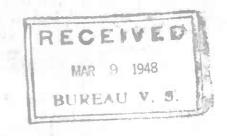
(Burial, cremation, or removal, Which?)

BINDING

FOR

RESERVED

MARGIN



ct age

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

WITH UNF.

especially

w

PLEASE WRITE

VS A15

BINDING

FOR

RESERVED

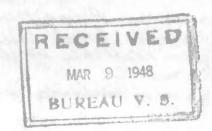
MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02377

,	CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County	and give nearest town)	State	County
3. (a) FULL NAME Samuel	1 Charles	Wilkins	3. (b) Social Security Number
nale nute Ossa	d, widowed, or divorced	20. DATE DF DEATH MANNEN	CERTIFICATION
8,(6) Name of husband or wife Adulande 12	isty — vears	21. I CERTIFY that death occurred on the date	e above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Ang. 76 8. AGE: Years Months Days If le	/865 ss than one day hrs min.	lumedista case of death	societa 3 yes
9. Birthplace (Town, county, and state) 10. Usual occupation	Ind.	Due to	
11. Industry or business Coard Cries— H. 12. Name M.	Ally. Co.	Diher conditions of perturbations within	in 3 months of death) After the plant of th
Address Compensate Assert	len .	Actopsy results PHYSICIAN: Please underline the cause t	o which death should be charged statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory.	(month) (day) (year)	Accident, suicide, or homicide	Date of
Location Completion 18. Funeral director Long Stern	Ina.	Injured at home, farm, Industry, public place	tnjured at work?
Address Combessarias 19. Masch 3 19.48 W.L. (Date rec'd by registrar)	Fartz, M. S. Registrar	23. SIGNATURE (-) ti C) Address unberlan	revaskes of m. M. D. or other 3/2/4



2411 N. Charles St., Baltimore

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02378

WITH UNFADING INK. Supply every item of information carefully. The corrimportant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, Is especially

MARGIN RESERVED FOR BINDING

VS

CERT	IFI	CATE	OF	DEA	TH
------	-----	------	----	-----	----

E OF DEATH	Reg. Dist. No	
2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of moth	er)	
- 1.0	Allegany	***************************************
City or town	te RURAL and give near	reat town)
Street No. 77 Broadway		
2.(a) It veteran, name war		
3	. (b) Social Security !	Number
	none	
MEDICAL CERT	TIFICATION	
2D. DATE DF DEATH March	11 1948	at 12 A. M
21. I CERTIFY that death occurred on the date above st	ted; that I attended decea	sed from
and that I last saw h / M alive on	2N 10,	19.78
Immediate cause of death		DURATION
C-V- Ky africand A	VIII	1.17.14/26
Just estimant		
Due to		

Due to		

Other conditions		
(Include pregnancy within 3 month	ns of death)	
Major findings of operations	••••••••	***************************************
	Date of op	
Autopsy results	leath should be charged :	statistically.
22. VIOLENCE: tt death was due to external causes,	till in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
injured at home, tarm, industry, public place (where?)	
Means of Injury	tnjured at work?	
23. SIGNATURE A STOCK	tens M	0
Address Frostburg VI	M. D. o Date signed 1	3/12/148

			CERTIFICAT		
1. PLACE OF DEA	TH:				
County	Frostbu	gany	•••••••••••••••••••••••••••••••		
City or town(If or	r 105 t DUI	nits, write R	URAL and give nearest town)		
nospital, institution, of	ot death?a street address where o	ICAMI OCCUITED	URAL and give nearest town)		
How long in hospital or			***************************************		
3. (a) FULL NAME			***************************************		
J. (a) TOLL HAML		RD C.	WILLISON		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		
Male	White	Sin	gle		
6.(b) Name of husband (• • • • • • • • • • • • • • • • • • • •	6.(e) It alive, give ageyears		
deceased (mo., day, yr	, April	30, 1	.870		
8. AGE: Years	Months	Days	If less than one day		
79	10	10	hrsmin.		
			ny, Md.		
11. Industry or business	Lumber	deale	r		
12. Name	Flints	tone,	n, Md.		
14. Maiden name Missouri Hartzell, Addison, Pa					
maj 13. Giftiplace	Addison				
16. Informant Miss Anna Willison,					
Address Frostburg, Md.					
17 Burial (Burlal, cremation,	or removal, Which?)	Date there	Mar. 13 148		
Cemetery or crematory Allegany Cemetery,					
Location Frostburg, Md.					
J. R. Durst,					
Address	rostburg	g, Md.			
19. 3-13	istrar)	w X	welly N. Registrat		

RECEIVED

MAR 16 1948

BUREAU V. S.

A15 SA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legiply.

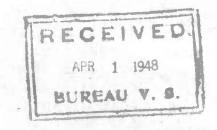
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr P. E. Berry 379 Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	slate Maryland county Allegany	
City or town. Westernport (If outside city or town limits, write RURAL and give nearest town)	Westernnort	
How long in above place of death? LU months	City or town	
Hospital, Institution, or street address where death occurred: Walnut treet extended	Street No. Walnut Street (ext)	
	(If rurol, give LOCATION)	
How long in hospital or institution? 3. (a) FULL NAME		
BESSIE LEE WILSON	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	235-16-3746 MEDICAL CERTIFICATION	
Female White Single	20. DATE OF DEATH March 29 19 48 31:15p	
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birlh date of Towns 17 1001	march 1943 19 10 MARCH 29 19 48	
7. Birth date of deceased (mo., day, yr.) January 17, 1881		
8. AGE: Years Months Days If less than one day	Immediate cause of death	
67 2 12hrsmin.	(ARCINOMA O) The Vagina	
Westernnort Allegany Manyland	Don't de	
9. Birthplace We sternport, Allegany, Maryland (Town, county, and state)	metastasis to Rest 9	
1D. Usual occupation Clerk	Due to 6 d d q	
11. Industry or business Dry goods store	/	
\ \ \ \ \ \ \ \ \ \ \ \ \ \	Other conditions	
12. Name Jacob Wilson Lost River W. Va.	(Include pregnancy within 3 months of death)	
별 14. Maiden name Mary Jones		
14. Maiden name Mary Jones 15. Birthplace Moorefield. W. Va.	Major fiedings of operations.	
16 Informant Mrs Charles Welsh	Dale of op.	
***	Autopsy results	
Address Westernport, Md.	22. VIOLENCE: If death was due to external causes, till in the following:	
Burial (Burial, cremation, or removal, Which?) Burial (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Philos Cemetery	Where did injury occur?	
Location Westernport, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Ellsworth S. Boal	meens of injury injured as north	
Address Westernport Maryland	To assistant (TE Beauty on D	
March 31, 48 y Daymbaker Mi	23. SIGNATURE M. D. or other M. D. or other	
(Date rec'd by registrar) Registrar	Address Piedmon A W Va Date signed 3/31/48	



age

DR. DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02380

CERTIFICATE	OF	DEA	TH
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Reg. Diat. No.

1		CERTIFICA	ATE OF DEATH	Reg. Diat. No
1. PLACE OF COUNTY THE	gange p	MARYAND	2. USUAL RESIDENCE (H (For newborn infants give	
	outside city or town limit	ts, write RURAL and give nearest town)	City or town KITZMI	LLER, MARYLAND
	ce ot death?or street address where dea	th occurred:	(tf outside city o	or town limits, write RURAL and give nearest town
	IORIAL HOSE		Street No	If rural, give LOCATION)
	or Institution?3		2.(a) I1 veteran, name war	
MR. JC	OHN W. WILS	ON .SR		3. (b) Social Security Number
MALE	5. Color or race WHITE	6.(a) Single, married, widowed, or divorced MARRIED		DICAL CERTIFICATION
5.(b) Name of husban	d or wife MYRTLE	······	21. I CERTIFY that death occurred o	on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day.	25-	6.(c) It alive, give age 50	and that I last saw h 1.7alive	on Mary 12 1
B. AGE: Yea		Days It less than one day 4hrs	Immediate cause of death	alma
9. Birthplac MAR	(Town, cou	inty, and state)	Due to arthur	Browlis
D. Usual occupation 1. Industry or busine	" Coal	mine	Due to	12 Parchel
12. Name	MARYLAND	SON (DECEASED)	Dther conditions	
14. Maiden name 15. Birthplace	ELIZABETH MARYLAND	BRAY	Major findings of operations	ney within 3 months of death)
E 15. Birthplace	Memoria	l Hospital	Autopsy results	
Address	Cumber	and, And.		e cause to which death should be charged statistically to external causes, fill in the tollowing;
(Burial, cremation	on, or removal. Which?	Date thereof Mar. 15, 48	Accident, sulcide, or homicide	Date of
Cemetery or crema	tory letrke	sten Will		ity or town) (County) (State)
Location	MC. Lu	Affan.	Means of Injury	b ^{II} c place (where?)
Address &	Johland	md;	97	m land
19. Mas en	(3 1948 egistra)	W.R. draute M.o.	23. SIGNATURE	M. D. or other M. D. or other Mate signed 3//2/

19 48 at 8,30A.

10 Mary 12 19 44

DURATION

. Date signed 3/12/48 Registrar Address // emore

BINDING

FOR

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MARGIN

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DIRECT WORLD

MOSALL REPORT

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MAR 17 1948

BUREAU V. S.